

## Chola Swasth Parivar Insurance

### Policy Clause

We issue this policy based on the information provided by You in Your proposal submitted. The proposal, Declaration and other documents if any given by You form the basis of this insurance policy.

In consideration of the premium paid by You, We issue this policy. This insurance is subject to the following terms and conditions

Certain words or expressions have the specific meaning given in A Definitions whenever they appear in bold and in Initial Capitals in this Policy.

### **A: Definitions**

For ease of reference, the singular includes the plural and the male gender includes the female gender wherever appropriate to the context.

1. **Accidental Bodily Injury** means physical bodily harm or injury that is
  - a. visible;
  - b. a sudden, unforeseen and involuntary events caused by external and visible means;
  - c. Which requires treatment by a Doctor;
  - d. not self inflicted or intentional.
  
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. **Act of Terrorism** means any actual or threatened use of force or violence causing damage, injury, harm or disruption or commission of an act dangerous to human life or property or government with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests whether such interests are declared or not. Criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrators and victims shall not be considered Terrorists Acts. Terrorism also shall include any act, which is verified or recognized by the relevant Government as an act of Terrorism.
  
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. **Congenital External Anomaly** means a condition(s) which is present since birth, in the visible and accessible parts of the body, and which is abnormal with reference to form, structure or position.

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6. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that you will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured.
7. **Day Care Treatment** refers to medical treatment and/or surgical procedure which is :
  - Undertaken under General or Local Anaesthesia in hospital / day care centre in less than 24 hours because of technological advancements, and
  - Which would have otherwise required a hospitalisation of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

8. **Day Care Expenses** means the medical treatment costs( nursing, Doctors, medically necessary procedures and medical consumables) necessary and reasonable in scope for a daycare procedure, to the extent that such costs does not exceed the reasonable charges applicable in the locality for the same day care procedure.
9. **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
10. **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 to your health.
11. **Floater** means that the limit of indemnity floats over you and your declared dependents as per the policy schedule. Any change in the list of covered persons will be done with prior intimation to you.
12. **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 pre-existing diseases. Coverage is not available for the period for which no premium is received.
13. **Hospitalisation or Hospitalised** means your admission for a continuous period of not less than 24 hours into a Hospital.
14. **Hospital** means any institution established for in-patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital 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 at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
  - b) has qualified nursing staff under its employment round the clock;
  - 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;

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- e) Maintains daily records of patients and will make these accessible to our authorized personnel.
15. **Hospitalisation Expenses** means the medical treatment cost that is necessary and reasonable in scope to treat the condition for which you were hospitalised to the extent that such cost does not exceed the reasonable charges that hospitals in the same locality would have charged for the same medical treatment and the hospitalisation class.
16. **In-house Claims Team** means the Claims administration team within Chola MS General Insurance Company.
17. **Illness** means a condition affecting the general wellbeing and health of the body or an affliction of the bodily organs having a defined and recognised pattern of symptoms that first manifests itself in the Policy Period and which requires treatment by a Doctor. It does not mean any mental illness (a mental or bodily condition marked primarily by sufficient disorganisation of personality, mind, and emotions to seriously impair the normal psychological, social, or work performance of the individual) regardless of its cause or origin.
18. **In-Patient** means treatment for which you have to stay in a hospital for more than 24 hours for a covered event.
19. **Insured/Insured Person/You/Your** means:
- a. The persons named in the Schedule whose minimum and maximum entry age as given below on fresh entry into the policy.
    - i. The Self/ Spouse aged between 18 years and 65 years
    - ii. The proposer's dependent Children aged between 90 days and 18 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
    - iii. 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;
20. **Insurer/Company/We/Us** means the Cholamandalam MS General Insurance Company Limited.
21. **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.
22. **Limb** means a hand at or above the wrist or a foot above the metacarpophalangeal joints or metatarsophalangeal joints.

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23. **Limit of Indemnity**

**Coverage Section I** – Sum Insured stated in the schedule, represents our maximum liability on floater basis for any or all claims made under coverage section I during the policy period in respect of you and your declared dependents, regardless of the number of Coverage Parts under which a claim is or claims are advanced

**Coverage Section II** - Sum Insured stated in the schedule against each benefit, which shall be our maximum liability for any one claim / all claims made under coverage section II during the policy period.

24. **Loss** means the permanent and total loss of functional use or complete and permanent severance.

25. **Medical Practitioner** means a medical practitioner who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.

26. **Medically necessary** treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- a. is required for the medical management of the illness or injury suffered by 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.

27. **Network** - All such hospitals, day care centres or other providers that we have mutually agreed with, to provide services like cashless access to policyholders. The list is available with the insurer and subject to amendment from time to time.

28. **Non- Network** - Any *hospital*, day care centre or other provider that is not part of the *network*

29. **Partial** means less than total

30. **Permanent** means lasting twelve (12) calendar months and at the end of that period being beyond hope of improvement.

31. **Pre-hospitalisation Expenses and Post-hospitalisation Expenses** means the medical treatment costs (Doctor's services; diagnostics; medically necessary procedures and medical consumables) necessary and reasonable in scope to treat the condition for which you were hospitalised to the extent that such cost does not exceed the reasonable and customary charges that hospitals in the same locality would have charged for the same medical treatment.

32. **Policy** means the proposal, this policy document and the Schedule.

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33. **Policy Period** means the period between the effective date and the earlier of:
- The expiry date specified in the Schedule, and
  - The date of exhaustion of the Limit of Indemnity under the policy and
  - The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition D 7 below.
34. **Pre-Existing Condition:** Any condition, ailment or injury or related conditions for which you had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of your first policy with us.
35. **Proposer** means the person who has signed in the proposal form and named in the Schedule.
36. **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.
- 37. Reasonable Charges**  
Reasonable 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 .
38. **Reconstructive surgery** refers to use of Surgery to restore the form and function of the body and excludes a Surgery for purely cosmetic reasons.
39. **Schedule** means the Policy Schedule which is attached and which form a part of this Policy.
40. **Schedule of Benefits** means the table of benefits which is attached and which forms a part of this policy.
41. **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*
42. **Totally disabled** means that you are unable, due to Injury, to engage in each and every occupation or employment for compensation or profit for which you are reasonably qualified by education, training or experience. If at the time of the loss you are unemployed, totally disabled shall mean inability to perform all of the usual and customary duties and activities of a person of like age and sex.

## B: Coverage

### Section I:

#### a) Hospitalisation Expenses

If you are diagnosed with an Illness or suffer Accidental Bodily Injury during the policy period, which necessitates your Hospitalisation, we will reimburse you in respect of medically necessary expenses of hospitalization for:

1. Room and boarding charges

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2. Doctors fees
3. Intensive Care Unit charges
4. Nursing charges
5. Surgical fees, operating theatre, anesthesia and oxygen and their administration
6. Physical therapy expenses
7. Cost of drugs and medicines consumed on the premises during Hospitalisation
8. Medical cost for hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
9. Cost of Dressing, ordinary splints and plaster casts

**b) Post-hospitalisation Expenses**

If we accept a claim under a) above and, immediately following your discharge, you require further medical treatment directly related to the same condition for which you were Hospitalised, we will reimburse your Post-hospitalisation Expenses for up to 60 days following your discharge.

**c) Pre-hospitalisation Expenses**

If you are diagnosed with an Illness which results in your Hospitalisation and for which we accept a claim under a) above, we will reimburse your Pre-hospitalisation Expenses for up to 30 days prior to your Hospitalisation as long as the 30 day period commences and ends within the Policy Period.

d) The Claim amount payable per person towards the treatment of under mentioned disease/surgery/procedure during the policy period is subject to the following sublimits:

SI No	Disease/Surgery/Procedure	Limits for claim in every policy year
1	Cataract - Surgery of eye for lens disorder	Rs. 20,000/-
2	Appendectomy - Surgical removal of appendix	Rs. 30,000/-
3	Tonsillectomy - Surgical removal of tonsils	Rs. 20,000/-
4	Kidney Stone Removal	Rs. 30,000/-
5	Lithotripsy - Laser treatment of kidney stone	Rs. 10,000/- day care
6	D & C - Dilatation and Curettage of Uterus	Rs. 5,000/- day care
7	Hysterectomy - Surgical Removal of Uterus	Rs. 40,000/-
8	Surgery of Hernia	Rs. 40,000/-
9	Surgery Hydrocele	Rs. 15,000/-
10	Surgery of Prostate Gland	Rs. 25,000/-
11	ENT – Surgery of Ear, Nose & Throat	Rs. 35,000/-
12	Urinary Surgery	Rs. 25,000/-
13	Gastroectomy - Removal of any part of stomach	Rs. 15,000/-
14	Coronary Angiography	Rs. 20,000/-
15	Coronary Angioplasty	Rs. 1,00,000/-
16	Treatment of fracture / dislocation / knee surgery	Rs. 1,00,000/-

**e) Day Care Expenses**

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If you require a Day Care Procedure, we will reimburse the Day Care Expenses as long as the Day Care Procedure performed was pre-authorized by us and done at a network hospital.

**Specific Conditions Applicable to a) – e) inclusive:**

**Coverage offered under this is at all times subject to the following provisions:**

- i. Each and every admissible claim is subject to a co-payment of 15%
- ii. In addition to the above, in the event of you opting for treatment in a non network hospital a co-payment of 10% shall be applied. This condition shall not apply in the event of an accident.

**Section II: Personal Accident (this section is applicable only for Plan – Royale)**

If at any time during the currency of this policy if you shall sustain any bodily injury then we shall pay you or your legal nominee or heir(s), the percentage of Sum Insured stated in the Schedule at the rates mentioned below if such injury shall within 12 calendar months of its occurrence be the sole and direct cause of death or disability described in benefits Schedule:

- a) **Accidental Death:** The Sum Insured as stated in the Schedule will be paid if your death occurs within a period of twelve months from the date of Injury, and such Injury be the sole and direct cause of your death.
- b) **Permanent Total Disablement:** In the event of an Injury, causing you Permanently Totally Disabled, such disability has continued for a period of 12 consecutive months, we will pay you the percentage of the Sum Insured specified in the table below:

SI No	Disability	% of SI
1.	Loss of sight of both the eyes	100%
2.	Loss of two entire hands or two entire feet	100%
3.	Loss of one entire hand and one entire foot	100%
4.	Loss of sight of one eye and such loss of one entire foot or hand	100%
5.	Complete loss of hearing of both ears and complete loss of speech	100%
6.	Complete loss of hearing of both ears or complete loss of speech and loss of one limb or loss of sight of one eye	100%
7.	Loss of use of two hands	100%
8.	Loss of use of two foot	100%
9.	Loss of use of one hand and one foot	100%
10.	Loss of sight of one eye and use of one hand	100%
11.	Loss of sight of one eye and use of one foot	100%
12.	Sight of one eye	50%
13.	Physical separation of one entire hand	50%
14.	Physical separation of one entire foot	50%
15.	Loss of use of one hand	50%
16.	Loss of use of one foot	50%

- c) **Permanent Partial Disablement:** In the event of Injury, causing you Permanent Partial Disability as mentioned in the table below within 12 months of the Accidental Injury being sustained, we will pay you the percentage of the Sum Insured specified for each and every form of impairment mentioned in the table below. Our maximum liability however should not be more than 100% of the Sum Insured.

SI No	Disability	% of SI
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1.	Loss of toes – all	20%
	Loss of great toe: – both phalanges	5%
	Loss of great toe: – one phalanges	2%
	Loss of Other than great toe, if more than one toe lost, each	2%
2.	Loss of hearing – both ears	60%
3.	Loss of hearing – one ear	30%
4.	Loss of speech	60%
5.	Loss of four fingers and thumb of one hand	40%
6.	Loss of four fingers	35%
7.	Loss of thumb – both phalanges	25%
	- One phalanx	10%
8.	Loss of index finger – three phalanges or two phalanges or one phalanx	10%
9.	Loss of middle finger – three phalanges or two phalanges or one phalanx	6%
10.	Loss of ring finger – three phalanges or two phalanges or one phalanx	5%
11.	Loss of little finger – three phalanges or two phalanges or one phalanx	4%
12.	Loss of metacarpals – first or second, third, fourth or fifth	3%
13.	Sense of smell	10%
14.	Sense of taste	5%
15.	Any other Permanent Partial Disablement	% as assessed by our panel doctor

**Special Conditions (applicable to Section II a, b and C):**

1. If the accident impairs a number of physical functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
2. In the event of an accident to the Aircraft in which you are traveling as a fare paying passenger and your body cannot be located within 365 days from the date of such accident then we shall pay 100% of the Sum Insured for Death Cover towards loss of life.
3. In the event of Permanent Total Disablement or Permanent Partial Disablement, you will be under obligation:
  - a) To have yourself examined by doctors appointed by us/ and we will pay the costs involved thereof.
  - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply us any information that may be required. If the obligations are not met with due to whatsoever reason, we may be relieved of our liability to pay.
4. The policy will remain live till 100% of the Sum Insured under any one of the benefit under Coverage Section II a or b is exhausted during the policy period.

**C: Exclusions**

**Exclusions for Coverage - Section I**

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



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- 1) Following diseases are excluded during the first year of inception of policy with us and is applicable only for Plan – Royale:

Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, internal congenital disease, Sinusitis & related disorders.

If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per general exclusion number 1 above.

- 2) Following diseases are excluded during the first two years of inception of policy with us and is applicable only for Plan – Pearl:

Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, internal congenital disease, Sinusitis & related disorders, Gall Stones , Spondillitis, Spondilosis, Knee / Hip joint replacement, Internal Congenital diseases, Osteoarthritis of any joint, Calculus diseases of Gall Bladder and Urogenital, Gastric and Duodenal ulcers, Internal Tumours, cysts, nodules, polyps including breast lumps (each of any kind unless malignant), Gout & Rheumatism, ENT disorders & Surgery, Surgery of genito urinary system, Surgery for prolapsed inter vertebral disk, Surgery of varicose veins & varicose ulcers, Surgery on tonsils .

If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per general exclusion number 1 above.

- 3) 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 have elapsed, since inception of the first policy with us.

- 4) Any Illness diagnosed or diagnosable within 30 days of the effective date of first health insurance policy under this Chola Swasth Parivar Insurance Policy for you.
- 5) Circumcision unless necessary for the treatment of an Illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.
- 6) Tubectomy, Vasectomy, sex change or treatment, which result from, or is in any way related to sex change. Hormone replacement therapy.
- 7) Vaccination, inoculation, cosmetic treatments (including any complications arising out of or howsoever attributable to any cosmetic treatments or the replacement of an existing breast implant) unless necessitated by an acute traumatic injury, burns or cancer, aesthetic treatments, experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description. Exclusion on vaccination is not applicable where medically required. Exclusion on cosmetic surgery is not applicable where medically required as part of treatment for cancer, accidents and burns.
- 8) Vitamins and tonics unless forming a necessary part of the treatment for Illness as certified by the attending Doctor.
- 9) Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires Hospitalisation; is carried out under general anaesthesia and is necessitated by Illness or Accidental Bodily Injury.
- 10) 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 room rent.

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- 11) The treatment of obesity (including morbid obesity) and any other weight control programs, services, or supplies.
- 12) 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.
- 13) Diagnostic, X-ray or laboratory examination not incidental to or inconsistent with the diagnosis and treatment of the Illness or Injury for which you was hospitalised.
- 14) 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.
- 15) Charges incurred in connection with the provision or fitting of hearing aids, eyeglasses or contact lenses.
- 16) Any travel or transportation costs or expenses.
- 17) The use, misuse, or abuse of alcohol, banned substances or narcotic drugs (whether prescribed or not)
- 18) Outpatient treatment charges and expenses incurred by organ donor.
- 19) Domiciliary Treatment
- 20) Outpatient prescribed or non-prescribed medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products; non-prescription drugs and treatments.
- 21) In vitro fertilisation (IVF), gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility or sterilisation.
- 22) HIV AIDS and all related medical conditions.
- 23) Costs incurred on all medical treatments except allopathic.
- 24) Pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy.
- 25) Any external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery.
- 26) War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.
- 27) Ionising radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel or otherwise; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products.
- 28) Any treatment or surgery for vision of corrective, cosmetic or aesthetic nature unless it requires Hospitalisation; is carried out under general anaesthesia and is necessitated by Illness or Accidental Bodily Injury
- 29) Treatment Outside India
- 30) Convalescence, mental disorders, general debility, run-down conditions, rest-cure, venereal disease, intentional self-injury and use of intoxicating drugs/ alcohol.

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### **Exclusions for Coverage - Section II**

This policy does not provide benefits for any death or disability caused as a result of any Injury attributable directly or indirectly to the following:

1. Intentional self-inflicted Injury, suicide or any attempt there at while sane or insane;
2. Injury or disease directly or indirectly caused by or contributed by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
3. War, Invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kings, princes, and people of whatsoever nation condition or quality, martial law
4. Terrorism or terrorist act.
5. Your participation in naval, military or air force operations whether in the form of military exercise or war games or actual engagement with the enemy with foreign or domestic
6. Loss sustained or contracted in consequence of you being under the influence of alcohol or drugs unless administered on the advice of a physician
7. Any loss of which a contributing cause was your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest.
8. Any loss sustained whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying otherwise) in any duly licensed standard type of aircraft anywhere in the world
9. Any opportunistic infection and/or malignant neoplasm, if at the time of the Accident or sickness if you had an Acquired Immune Deficiency Syndrome (AIDS) or having an antibody positive blood test to HIV (Human Immune-deficiency Virus). Opportunistic infection shall include but will not be limited to pneumosystis carinli pneumonia, organism of Kaposi's Sarcoma, central nervous system lymphoma, and/other malignances now known or which become known as causes of death in the presence of Acquired Immune Deficiency Syndrome
10. Venereal or Sexually transmitted diseases.
11. Any loss sustained while you are participating in contests of speed using a motorized vehicle or bicycle and/or hunting and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports
12. Any accident arising out of Pre-existing condition.
13. if you act against the advice of a physician.
14. Death or disablement resulting directly or indirectly caused the contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
15. Payment of compensation in the event of a rail accident except if the accident is directly caused / occurring while
  - Boarding / traveling / alighting from a train.
  - Within the railway area to which a public has got right of access.
16. Resulting in injury whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
17. Consequential losses of any kind or actual or alleged legal liability.
18. events occurring before the commencement of the cover or otherwise outside the Policy Period.

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19. Loss caused directly or indirectly, wholly or partly by:
  - a) Bacterial infections(except pyrogenic infections which shall occur through an accidental cut or wound) of any other kind of disease;
  - b) Medical or surgical treatment except as may be necessary solely as a result of Injury;
20. Loss caused directly or indirectly, wholly or partly by you suffering from sickness or disease not resulting in bodily injury
21. While you are participating or training for any sport as a professional.
22. Treatment of hernia resulting from any bodily Injury

## **D: Conditions – applicable to Coverage – Section I – Hospitalisation**

### **1. Procedure for Making a Claim**

If you or your dependents under this policy suffers Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, or requires a Day Care Procedure, then it is a condition precedent to our liability that you and/or your dependents shall immediately:

- a) Give us notice of a claim at the earliest irrespective of notice provided to any other insurer for the same illness ;
- b) Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by us;
- c) Obtain our pre-authorization for any medical treatment, which pre-authorization shall, if we are satisfied as to the validity of the claim, specify:
  - i. the treatment authorised;
  - ii. the place at which it has been authorised, and
  - iii. Any other conditions applicable to either.

Toll Free No : 1800 200 5544

Toll Free Fax : 1800 425 2200

### **2. Procedure for submission of a Claim**

- a) Within 30 days of the discharge from hospital you and/or your 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 the our liability for it sought by us.
- b) We shall be under no obligation to pay or arrange to make payment for any claim until and unless satisfied as to the validity and quantum of your claim, and may for these purposes require you to be examined by a medical advisor nominated by us as often as and to the extent that either considers to be reasonably necessary.
- c) Where:
  - i. any treatment has been obtained or costs or expenses have been incurred beyond those pre-authorized by us, or
  - ii. any conditions attached to such pre-authorization have been breached, then our liability to make payment shall be limited to the amount that would have been payable had the terms of the pre-authorization been adhered to by you.
- d) We shall only make payment (unless already paid direct to the service provider/hospital) to you.
- e) You shall 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

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or quality of any service (medical or otherwise) rendered by any institution (including a Network Hospital) whether pre-authorized or not

- f) 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.

We will settle the claim within 15 days of receipt of full claim documents.

## **E: Conditions – applicable to Coverage – Section II – Personal Accident**

### **1. Claims Notification**

It shall be a condition precedent for any claim to be made by you under this policy or for liability attaching to us hereunder that written notice of claim must be given to us immediately upon the occurrence or commencement of any loss, or as soon thereafter as reasonably possible, and in any event not later than 30 days of such occurrence or commencement.

### **2. Claims Documentation**

Submit the duly filled in claim form along with the following documents:

1. Death Claim
  - Copy of FIR
  - Copy of Panchnama / inquest Report
  - Copy of Postmortem / Autopsy report (if postmortem is conducted)
  - Copy of Death Certificate
  - Chemical analysis report/viscera report if preserved for analysis
  - If hospitalized prior to death, then Discharge Card and all investigation report
  - Copy of your ID proof for yourself and the nominee
  - Copy of driving license
  - Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination
2. Disability Claim
  - Copy of FIR
  - Copy of Panchnama / inquest Report
  - Copy of all medical records including discharge card.
  - Copy of disability certificate issued by competent authority / medical practitioner.

## Policy Clause

A service provider (if required) would be deputed by us to verify the records / circumstances of the claim. If required our Medical Panel may examine you to assess the disability.

All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that we may require. We shall be released from any obligation to pay benefits if any of the obligations are breached.

- 3. Time for Filing Claim Form and Evidence:** Completed Claim Form with written evidence of loss must be furnished to us within thirty (30) days after the date of such loss. Failure to furnish evidence within such time as required shall not invalidate or reduce the claim if you satisfy us that it was not reasonably possible to do so within such time. In any event, no proof furnished beyond one (1) year from the date of loss shall be accepted.

You shall obtain and furnish to us all original bills, receipts and any other documentation upon which a claim is based. You shall be bound to provide all such additional documents, information and assistance as may be required by us.

We or our authorized representatives, shall be entitled to make such enquiry or verification with any person or persons, establishment, institution, hospital, authority, agency as it deems necessary and you or anyone claiming under this Policy shall cooperate, facilitate and assist in such manner as may be necessary for such enquiry or verification by us.

- 4. Medical Examination:** We at our own expense shall have the right to examine you when and as often we may reasonably require during the pendency of a claim hereunder.
- 5. Limitation of Liability:** In the event of accidental Injury resulting into your death or disablement, the total benefit payable will be limited to amount stated in the schedule and any interim payments made before death will be off-set/adjusted from the amount due. Our maximum liability however will not be more than 100% of the Accidental Death Sum Insured.
- 6.** If the Accidental Injury sustained by you causes a subsequent claim by you under Death or Permanent Total Disablement or Permanent Partial Disablement, the amounts payable shall be reduced by the amount of any payment already made under Death or Permanent Total Disablement or Permanent Partial Disablement.

## F: General Conditions – applicable to all Sections

### 1. Observance of Terms & Conditions

It is a condition precedent to our liability that you 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.

### 2. Due Care

You shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimise its financial consequences.

## Policy Clause

### 3. **Change of Address / Contact details**

It is in your interest to intimate us any change in residential address and phone number(s).

4. **Change of Nominee:** No change of nominee under this policy shall bind us, unless the change is formally endorsed thereon by our authorized officer.

5. **Change of occupation:** Any change in the professional activity/ occupation as stated in the proposal, must be informed to us by you immediately. We reserve the right to accept or to reject the change. Our approval shall be signified by endorsement upon the policy and in the event of rejection. We will cancel the coverage and shall return the premium on pro-rata for the remaining period. We also reserve the right to repudiate the claim in the event of change in the nature of professional activities / occupation.

### 6. **Delay in intimation of claim**

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator 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 and to recover the salvage, if any may not only delay the claim settlement but also may result in claim getting rejected on merits

### 7. **Authority to Obtain Records**

- a. You will disclose to us (or any other person nominated by us) of any and all medical records and information held by any institution or person from which you have obtained any medical or other treatment to the extent reasonably required by us in connection with any claim made under this Policy or our liability for it.
- b. We will preserve the confidentiality of any documentation and information that comes into the possession, and will only use it in connection with any claim made under this Policy or our liability for it.
- c. You shall expeditiously provide us with or arrange for us to be provided with or any and all information or Documentation in respect of the Illness/Accident, the claim or our liability hereunder that may be requested, and 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.

8. **Interest:** No sum payable under this policy shall carry any interest, penalty or any other amount whatsoever.

### 9. **Renewal of Policy**

Renewal of policy would be offered to you unless on grounds of moral hazard, misrepresentation, and fraud by you and payment of the renewal premium made prior to expiry of the policy and not later than 15 days post the expiry of the policy. The claims if

## Policy Clause

any occurring during the period of break in insurance shall not be payable under the renewed policy.

If the policy is renewed for enhanced sum insured, then coverage for additional sum insured (applicable for Coverage Section I) shall be as if a new policy has been issued for the additional sum insured. In other words, all policy conditions shall apply to the enhanced sum insured as if the same is covered under a fresh policy.

We may from time to time revise the premium rates/terms and conditions based on our experience. At the time of renewal the prevailing premium rates / terms and conditions would apply. However, such revision in premiums / terms on portfolio review will be with the prior approval of the Authority.

In case the policy was purchased by you through any bank or such Institution selling insurance on our behalf, these policies can be renewed either through the same channel or directly in case the said channel is discontinued at the time of renewal. You shall not stand to lose any benefit in case of such direct renewals for which you are otherwise entitled to.

If you were covered by a group policy with similar cover and if the cover is terminated due to ceasing to be a member of such group/ tie-up with the group client is being discontinued, then you can take a new individual cover within the **Grace Period** without any break or with break not exceeding 15 days of such termination of cover to avail the benefits of continuity which would accrue if you were covered by an Individual policy.

If you want to port-out your existing Chola Swasth Parivar Insurance Policy, application for portability should be made at least 45 days before the premium renewal date.

Upon request from you to port-out your existing Chola Swasth Parivar Insurance policy, we will share the necessary details with your new insurer within 7 days of receipt of request as per IRDA circular.

Pending acceptance of portability by the new insurer on the date of renewal

- a) We shall allow the existing policy to extend, if requested by you for the short period by accepting a pro-rated premium for such short period, which shall be of at least one month and
- b) We shall not cancel existing policy until such time a confirmed policy from New Insurer is received by you or at the specific written request from you
- c) If for any reason you intend to continue the policy with us, you shall be allowed to continue by charging a regular premium and without imposing any new condition.

## 10. Automatic Termination

The cover shall terminate immediately or earlier on any of the following events:

- a) In the event of admissible claim and settlement of 100% Sum Insured under death benefit of Coverage Section II. Policy will terminate only for the Insured Person for whom 100% claim is settled under Coverage Section II.
- b) On the expiration date shown on the schedule.

## 11. Cancellation of cover



**Policy Clause**

This policy may be cancelled by us on account of misrepresentation, fraud, non-disclosure of material facts or your non cooperation by giving 15 days written notice delivered to you, or mailed to your last address as shown in our records. On such cancellation by us, you shall be entitled to a refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation.

You may also cancel the policy at any time in which event, we shall be entitled to premium at Short Period Scale for the period during which the policy was in force from the effective Date till the date of cancellation by you. Any excess premium available with us after adjustment at Short Period Scale as provided herein below shall be refunded to you except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

Period on Risk	Premium Retained by Insurer
Up to 1 month	25%
Up to 3 months	50%
Up to 6 months	75%
6 months and above	100%

**12. Notification**

- a. Any and all notices and declarations for your attention shall be in writing and shall be delivered to your address as respectively specified in the Schedule.

**13. Arbitration**

- a. Any dispute or difference between us and you will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in English language.
- b. 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.
- c. If this arbitration clause is to be held invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

**14. Fraud**

If you shall make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, this Policy shall be void. All claims or payments due shall be forfeited and all payments made shall be repaid in full by you who shall be jointly and severally liable for the same.

**15. Subrogation**

- a. You 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 we shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether before or after indemnification;
- b. You shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation;
- c. 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 Coverage section II of the policy

Policy Clause

**16. 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.

**17. Entire Contract**

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

**18. Contribution**

If at the time of any claim there is or, but for the existence of this Policy, would be any other policy of indemnity or insurance in favour of or effected by or on behalf of any Insured Person applicable to any claim, the Insurer will only be liable to pay its rateable proportion. This clause is not applicable for Coverage Section II of the policy.

**19. Territorial Limits**

Our 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. But in case of Coverage Section II the territorial limit is worldwide.

**20. Payment of Claims**

All Claims under this policy shall be payable in Indian currency. Any claim paid by us and received by you will discharge us from any further payment for the same claim.

**21. Redressal of Grievance**

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.

Cholamandalam MS General Insurance Company

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: [customer-care@cholams.murugappa.com](mailto:customer-care@cholams.murugappa.com)

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

If you have not received any reply from us within one month from the date of the lodgment of complaint or if you are not satisfied with our reply, 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,	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu

Policy Clause

		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	
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@airtelbroad- band.in	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (O): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: ioobbsr@dataone.in	Orissa
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (O) 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 Floor, No 453(old no 312 ), Anna Salai, Teynampet, CHENNAI -600 018 (O) 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 (O) 011-23239611, 23237539,	Delhi & Rajasthan

Policy Clause

		23237532 Fax: 011-23230858 E-mail : iobdelraj@rediffmail.com	
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (O) 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. (O) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: hyd2_insombud@sanchar-net.in	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman 2nd Floor, CC 27/ 2603 Pulinat Building Opp. Cochin Ship- yard, M.G. Road, ERNAKULAM - 682 015 (O) 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 Building, 29, N. S. Road, 3rd Floor, KOLKATA -700 001. (O) 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	Uttar Pradesh and Uttaranchal

Policy Clause

		(O) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	
12	MUMBAI	Office of the Insurance Ombudsman 3rd Floor, 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

**22. Schedule of Benefits**

The coverage under this policy will be as per benefits applicable for the relevant plan as mentioned in the policy schedule.

**Schedule of Benefits for Chola Swasth Parivar Insurance Policy**

Plan Name	Pearl (only Section I is applicable)				
Features / Options	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
<b>Coverage Section I</b>					
<b>Hospitalisation Expenses (per Family per policy year)</b>	Rs.1,00,000	Rs.2,00,000	Rs.3,00,000	Rs.4,00,000	Rs.5,00,000
<b>Compulsory Co-payment</b> – applicable on each and every eligible claim	15% applicable on each and every eligible claim				
<b>Co-payment</b> (per family per policy year)	10% applicable on eligible expenses for treatment in a Non-Network hospital				
<b>Room Rent</b> – Normal Hospitalisation(per day)	1% of the Sum Insured				
<b>Room Rent</b> – ICU Hospitalisation(per day)	1.5% of the Sum Insured				
Post-Hospitalisation	Upto 60 days after discharge				
Pre-Hospitalisation	Upto 30 days prior to Hospitalisation (this period should commence and end within the policy period)				
Day Care Services (Only in Network)	Covered	Covered	Covered	Covered	Covered
Exclusions – One year	Not Applicable				
Exclusions – Two Year	Applicable				

Policy Clause

<b>Plan Name Royale (both Section I and Section II is applicable)</b>					
<b>Features / Options</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>	<b>Plan 4</b>	<b>Plan 5</b>
<b>Coverage Section I</b>					
<b>Hospitalisation Expenses (per Family per policy year)</b>	Rs.1,00,000	Rs.2,00,000	Rs.3,00,000	Rs.4,00,000	Rs.5,00,000
<b>Compulsory Co-payment</b> – applicable on each and every eligible claim	15% applicable on each and every eligible claim				
<b>Co-payment</b> (per family per policy year)	10% applicable on eligible expenses for treatment in a Non-Network hospital				
<b>Room Rent</b> – Normal Hospitalisation(per day)	1% of the Sum Insured				
<b>Room Rent</b> – ICU Hospitalisation(per day)	1.5% of the Sum Insured				
Post-Hospitalisation	Upto 60 days after discharge				
Pre-Hospitalisation	Upto 30 days prior to Hospitalisation (this period should commence and end within the policy period)				
Day Care Services (Only in Network Hospital)	Covered	Covered	Covered	Covered	Covered
Exclusions – One year	Applicable				
Exclusions – Two Year	Not Applicable				
<b>Coverage Section II</b>					
<b>Personal Accident - Self</b>					
Death	Rs.2,50,000	Rs.5,00,000	Rs.7,50,000	Rs.10,00,000	Rs.10,00,000
Permanent Total Disablement	Rs.2,50,000	Rs.5,00,000	Rs.7,50,000	Rs.10,00,000	Rs.10,00,000
Permanent Partial Disablement	Rs.1,25,000	Rs.2,50,000	Rs.3,75,000	Rs.5,00,000	Rs.5,00,000
<b>Personal Accident - Spouse</b>					
Death	Rs.1,25,000	Rs.2,50,000	Rs.3,75,000	Rs.5,00,000	Rs.5,00,000
Permanent Total Disablement	Rs.1,25,000	Rs.2,50,000	Rs.3,75,000	Rs.5,00,000	Rs.5,00,000
Permanent Partial Disablement	Rs.62,500	Rs.1,25,000	Rs.1,87,000	Rs.2,50,000	Rs.2,50,000
<b>Personal Accident – Per Child (maximum two children)</b>					
Death	Rs.50,000	Rs.1,00,000	Rs.1,50,000	Rs.2,00,000	Rs.2,00,000
Permanent Total Disablement	Rs.50,000	Rs.1,00,000	Rs.1,50,000	Rs.2,00,000	Rs.2,00,000
Permanent Partial Disablement	Rs.25,000	Rs.50,000	Rs.75,000	Rs.1,00,000	Rs.1,00,000

Policy Clause

*Annexure 1*

**List of Day care procedures**

***Operations on the ears***

**SI no    *Microsurgical operations on the middle ear***

- 1    *Stapedotomy*
- 2    *Stapedectomy*

## Policy Clause

- 3 *Revision of a Stapedectomy*
- 4 *Other operations on the auditory ossicles*
- 5 *Myringoplasty (Type I tympanoplasty)*  
*Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)*
- 6 *Revision of a tympanoplasty*
- 7 *Other microsurgical operations on the middle ear*
- 8 **Other operations on the middle and internal ear**
- 9 *Paracentesis (myringotomy)*
- 10 *Removal of a tympanic drain*
- 11 *Incision of the mastoid process and middle ear*
- 12 *Mastoidectomy*
- 13 *Reconstruction of the middle ear*
- 14 *Other excisions of the middle and inner ear*
- 15 *Fenestration of the inner ear*
- 16 *Revision of a fenestration of the inner ear*
- 17 *Incision (opening) and destruction (elimination) of the inner ear*
- 18 *Other operations on the middle and inner ear*

## **Operations on the nose and the nasal sinuses**

- 19 *Excision and destruction of diseased tissue of the nose*
- 20 *Operations on the turbinates (nasal concha)*
- 21 *Other operations on the nose*
- 22 *Nasal sinus aspiration*

## **Operations on the eyes**

- 23 *Incision of tear glands*
- 24 *Other operations on the tear ducts*
- 25 *Incision of diseased eyelids*
- 26 *Excision and destruction of diseased tissue of the eyelid*
- 27 *Operations on the canthus and epicanthus*
- 28 *Corrective surgery for entropion and ectropion*
- 29 *Corrective surgery for blepharoptosis*
- 30 *Removal of a foreign body from the conjunctiva*
- 31 *Removal of a foreign body from the cornea*
- 32 *Incision of the cornea*
- 33 *Operations for pterygium*
- 34 *Other operations on the cornea*
- 35 *Removal of a foreign body from the lens of the eye*
- 36 *Removal of a foreign body from the posterior chamber of the eye*
- 37 *Removal of a foreign body from the orbit and eyeball*
- 38 *Operation of cataract*

## **Operations on the skin and subcutaneous tissues**

- 39 *Incision of a pilonidal sinus*
- 40 *Other incisions of the skin and subcutaneous tissues*  
*Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin*
- 41 *Removal of subcutaneous tissues*



## Policy Clause

- 43 *Local excision of diseased tissue of the skin and subcutaneous tissues*
- 44 *Other excisions of the skin and subcutaneous tissues*
- 45 *Simple restoration of surface continuity of the skin and subcutaneous tissues*
- 46 *Free skin transplantation, donor site*
- 47 *Free skin transplantation, recipient site*
- 48 *Revision of skin plasty*
- 49 *Other restoration and reconstruction of the skin and subcutaneous tissues*
- 50 *Chemosurgery to the skin*
- 51 *Destruction of diseased tissue in the skin and subcutaneous tissues*

## **Operations on the mouth and face**

### **Operations to the tongue**

- 52 *Incision, excision and destruction of diseased tissue of the tongue*
- 53 *Partial glossectomy*
- 54 *Glossectomy*
- 55 *Reconstruction of the tongue*
- 56 *Other operations on the tongue*

### **Operations on the salivary glands and salivary ducts**

- 57 *Incision and lancing of a salivary gland and a salivary duct*
- 58 *Excision of diseased tissue of a salivary gland and a salivary duct*
- 59 *Resection of a salivary gland*
- 60 *Reconstruction of a salivary gland and a salivary duct*
- 61 *Other operations on the salivary glands and salivary ducts*

### **Other operations on the mouth and face**

- 62 *External incision and drainage in the region of the mouth, jaw and face*
- 63 *Incision of the hard and soft palate*
- 64 *Excision and destruction of diseased hard and soft palate*
- 65 *Incision, excision and destruction in the mouth*
- 66 *Plastic surgery to the floor of the mouth*
- 67 *Palatoplasty*
- 68 *Other operations in the mouth*

### **Operations on the tonsils and adenoids**

- 69 *Transoral incision and drainage of a pharyngeal abscess*
- 70 *Tonsillectomy without adenoidectomy*
- 71 *Tonsillectomy with adenoidectomy*
- 72 *Excision and destruction of a lingual tonsil*
- 73 *Other operations on the tonsils and adenoids*

## **Traumatological surgery and orthopaedics**

- 74 *Incision on bone, septic and aseptic*
- 75 *Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis\**
- 76 *Suture and other operations on tendons and tendon sheath*
- 77 *Reduction of dislocation under GA*
- 78 *Arthroscopic knee aspiration*

## **Operations on the breast**

- 79 *Incision of the breast*
- 80 *Operations on the nipple*

Policy Clause

**Operations on the digestive tract**

- 81 *Incision and excision of tissue in the perianal region*
- 82 *Surgical treatment of anal fistulas*
- 83 *Surgical treatment of haemorrhoids*
- 84 *Division of the anal sphincter (sphincterotomy)*
- 85 *Other operations on the anus*
- 86 *Ultrasound guided aspirations*
- 87 *Sclerotherapy etc.*

**Operations on the female sexual organs**

- 88 *Incision of the ovary*
- 89 *Insufflation of the Fallopian tubes*
- 90 *Other operations on the Fallopian tube*
- 91 *Dilatation of the cervical canal*
- 92 *Conisation of the uterine cervix*
- 93 *Other operations on the uterine cervix*
- 94 *Incision of the uterus (hysterotomy)*
- 95 *Therapeutic curettage*
- 96 *Culdotomy*
- 97 *Incision of the vagina*  
*Local excision and destruction of diseased tissue of the vagina and the pouch*
- 98 *of Douglas*
- 99 *Incision of the vulva*
- 100 *Operations on Bartholin's glands (cyst)*

**Operations on the male sexual organs**

**Operations on the prostate and seminal vesicles**

- 101 *Incision of the prostate*
- 102 *Transurethral excision and destruction of prostate tissue*
- 103 *Transurethral and percutaneous destruction of prostate tissue*
- 104 *Open surgical excision and destruction of prostate tissue*
- 105 *Radical prostatovesiculectomy*
- 106 *Other excision and destruction of prostate tissue*
- 107 *Operations on the seminal vesicles*
- 108 *Incision and excision of periprostatic tissue*
- 109 *Other operations on the prostate*

**Operations on the scrotum and tunica vaginalis testis**

- 110 *Incision of the scrotum and tunica vaginalis testis*
- 111 *Operation on a testicular hydrocele*
- 112 *Excision and destruction of diseased scrotal tissue*
- 113 *Plastic reconstruction of the scrotum and tunica vaginalis testis*
- 114 *Other operations on the scrotum and tunica vaginalis testis*

**Operations on the testes**

- 115 *Incision of the testes*
- 116 *Excision and destruction of diseased tissue of the testes*
- 117 *Unilateral orchidectomy*
- 118 *Bilateral orchidectomy*
- 119 *Orchidopexy*
- 120 *Abdominal exploration in cryptorchidism*

Policy Clause

- 121 *Surgical repositioning of an abdominal testis*
- 122 *Reconstruction of the testis*
- 123 *Implantation, exchange and removal of a testicular prosthesis*
- 124 *Other operations on the testis*
- Operations on the spermatic cord, epididymis und ductus deferens**
- 125 *Surgical treatment of a varicocele and a hydrocele of the spermatic cord*
- 126 *Excision in the area of the epididymis*
- 127 *Epididymectomy*
- 128 *Reconstruction of the spermatic cord*
- 129 *Reconstruction of the ductus deferens and epididymis*
- 130 *Other operations on the spermatic cord, epididymis and ductus deferens*
- Operations on the penis**
- 131 *Operations on the foreskin*
- 132 *Local excision and destruction of diseased tissue of the penis*
- 133 *Amputation of the penis*
- 134 *Plastic reconstruction of the penis*
- 135 *Other operations on the penis*

**Operations on the urinary system**

- 136 *Cystoscopical removal of stones*

**Other Operations**

- 137 *Lithotripsy*
- 138 *Coronary angiography*
- 139 *Haemodialysis*
- 140 *Cancer Chemotherapy*
- 141 *Radiotherapy for Cancer*