

Chola MS Family Healthline

The Insurer's agreement to extend cover to the Insured Person(s) in the insured family upto limit of indemnity on floater basis as per the terms and conditions contained in this Policy is based upon the Policyholder's payment of premium and the proposal, which is incorporated into the Policy and is the basis of it.

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

Section A: Coverage

- 1) Upon the happening of the event under a) to e) below during the policy period, the Insurer 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; The indemnity provided under this policy is subject to a co-pay of 10% applicable for all claims admissible under the policy. This co-pay is not applicable if the proposer has applied for waiver of the same and paid necessary additional premium:

a) Hospitalisation Expenses

If the Insured is diagnosed with an Illness or suffers Accidental Bodily Injury which necessitates his Hospitalisation, the Insurer will reimburse the Insured Person's consequent hospitalisation expenses upto limits mentioned in the policy schedule for:

- i. Room and boarding
- ii. Doctors fees
- iii. Intensive Care Unit
- iv. Nursing expenses
- v. Surgical fees, operating theatre, anaesthesia and oxygen and their administration
- vi. Physical therapy expenses
- vii. Drugs and medicines consumed on the premises
- viii. Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, diagnostic tests)
- ix. Cost of Dressing, ordinary splints and plaster casts
- x. Costs of prosthetic devices if implanted during a surgical procedure
- xi. Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

b) Post-hospitalisation Expenses

If the Insurer accepts a claim under a) above and, immediately following the Insured Person's discharge, he requires further medical treatment directly related to the same condition for which the Insured Person was Hospitalised, the Insurer will reimburse the Insured Person's Post-hospitalisation Expenses for upto 90 days following his discharge.

c) Pre-hospitalisation Expenses

If the Insured Person is diagnosed with an Illness which results in his Hospitalisation and for which the Insurer accepts a claim under a) above, the Insurer will reimburse the Insured Person's Pre-hospitalisation Expenses for up to 60 days (applicable after 30 days waiting period) prior to hospitalisation as long as the 60 day commences and ends within the Policy Period

d) Emergency Ambulance

The Insurer will also pay for Emergency ambulance road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency upto the limits mentioned in the schedule of benefits.

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Specific Conditions Applicable to a) - d) inclusive:

- i) The Insurer will arrange for cash free payment to the extent of the Insurer's liability for hospitalisation expenses incurred at Network Hospitals/ or reimbursement of hospital expenses in case of treatment in non-network hospital subject to the Policyholders satisfying General Conditions D (4) and D (6).

e) Day Care Expenses

If the **Insured Person** requires a **Day Care Procedure**, the **Insurer** will reimburse the **Day Care Expenses** as long as the **Day Care Procedure** as listed in Annexure 2 is performed in a Network Hospital. In case the procedure is performed in a non network hospital, the same must be pre-authorised by the **Insurer**.

2. **Home Hospitalisation** The Medical Expenses incurred by an Insured Person for medical treatment taken at his/her home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

- a. The condition for which the medical treatment is required continues for at least 2 days, in which case the Policy pays reasonable cost of any necessary medical treatment for the entire period
- b. Pre-hospitalisation expenses for up to 60 days in accordance with Section (A) - (b) will be covered under this benefit. Post hospitalisation expenses will not be covered under this benefit.
- c. No payment will be made under this benefit if the condition for which the Insured Person requires medical treatment towards following ailments:
 - i) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
 - ii) Arthritis, Gout and Rheumatism,
 - i) Chronic Nephritis and Nephritic Syndrome,
 - ii) Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - iii) Diabetes Mellitus and Insupidus,
 - iv) Epilepsy,
 - v) Hypertension,
 - vi) Psychiatric or Psychosomatic Disorders of all kinds,
 - vii) Pyrexia of unknown Origin.

3. Maternity Expenses (with 5 year waiting period):

Five consecutive renewals without break, under Superior and Advanced plan of this product shall entitle the insured, from the sixth year onwards, upto limits mentioned in the schedule, to medical expenses for delivery (including caesarean section) while Hospitalised or the lawful medical termination of pregnancy during the policy period excluding elective termination without threat to mother or child's life, limited to 2 deliveries or terminations or either one of each during the lifetime of the Insured. This will include ectopic pregnancy, pre-natal and post-natal expenses per delivery or termination and medically necessary treatment of the new born baby within the policy period provided that:

1. Maximum liability per delivery or termination shall be limited to the amount specified in the Schedule of Benefits
2. Pre- and post-hospitalisation expenses are not covered under this benefit.
3. The Insured Person must have been covered by this policy for the period of time specified in the Schedule of benefits

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4. **Ayurvedic Therapy treatment:** The insured under Advanced plan of this product is entitled for cost of (non cosmetic) Ayurvedic treatment, restricted to **80% of the actual cost** and subject to the maximum limit as mentioned in the benefit schedule and with prior approval from the Insurer, with mandatory 24 hour hospitalization/residential inpatient with government registered hospital. This is applicable only in case of diseases as per Annexure 1 attached. The 10% co-payment clause as mentioned in Section A pt no 1) is not applicable for this benefit.
5. **Out Patient Dental (with 3 year waiting period):** Three consecutive renewals without break, shall entitle the Insured under Advanced plan of this product for **70% of the actual costs** of necessary dental treatment from the fourth policy year taken from a Network dentist provided that
- Maximum liability shall be limited to the amount specified in the Schedule of Benefits, and
 - The insurer will pay towards X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same,
 - The policy excludes dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics surgery, orthognathic surgery, jaw alignment or treatment for the tempero-mandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the tempero-mandibular (jaw) unless necessitated by an acute traumatic injury, burns or cancer.

This benefit will commence only after 3 year waiting period. The 10% co-payment clause as mentioned in Section A pt no 1) is not applicable for this benefit.

The benefit under this section becomes payable only on commencement of the 4th policy year.

6. **Spectacles, Contact Lenses, Hearing Aid (with 3 years waiting period):** Three consecutive renewals without break, shall entitle the Insured under Advanced plan of this product for **70 % of the actual cost** of either of the following.
- One pair of spectacles or contact lenses, OR
 - A hearing aid, excluding batteries.

From the fourth year, this benefit can be availed once in a block of two years on continuous renewals without a break with the insurer, provided that:

- If the costs claimed are incurred as Outpatient Treatment expenses then these items must be prescribed by a Network EYE/ENT specialised Medical Practitioner, and
- Insurers maximum liability shall be limited to the amount mentioned in the Schedule of Benefits

The 10% co-payment clause as mentioned in Section A pt no 1) is not applicable for this benefit.

The Benefit under this section becomes payable only on commencement of the 4th policy year.

7. Minor Accompaniment Cash

If the Insured Person Hospitalised is a child Aged 12 years or less, We will pay a daily cash amount limited to the amount mentioned in the Schedule of Benefits for 1 accompanying adult for each complete period of 24 hours if **Hospitalisation exceeds 72 hours**, provided that:

- Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
- We have accepted an inpatient Hospitalisation claim under Section (A) 1 (a).

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8. Daily Cash for choosing shared accommodation

A daily cash amount will be payable per day if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours, provided that:

- i. Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
- ii. This benefit shall not apply to time spent by the Insured Person in an intensive care unit, and
- iii. We have accepted an inpatient Hospitalisation claim under Section (A) 1 (a).

9. General Health and Eye Check Up

If no claim has been made by any of the insured persons in respect of any benefits and the insured has renewed the policy with us for the two continuous claim free years,, we will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured (excluding the Claim free Bonus if any) towards the cost of a medical check-up for those Insured persons who were insured for the number of previous policy years mentioned in the Schedule.

In respect of this benefit, claim free year means a policy year in which no claim has been admissible by the company from any member of the policy. Limit for claim under this sub section is applicable for any or all the members of family covered under the policy put together. Any unutilized limit under a particular policy shall lapse once the policy expires.

For the purpose of this benefit, the year in which the benefit is claimed shall be excluded for the purpose of ascertaining "two continuous claim free renewals"

Claim under this benefit will not be considered as a claim for the purpose of claim free bonus calculation as per general condition 8.

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

SECTION B: Definitions

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

- 1) **Accidental Bodily Injury** means physical bodily harm or injury that is
 - A. visible
 - B. Is caused by a sudden, unexpected, fortuitous, visible and external event,
 - C. Which requires treatment by a Doctor?
 - D. Is not self inflicted or intentional
- 2) **In- house Claims Team** means the Claims administration team within Chola MS General Insurance Company.
- 3) **Cash Free payment** means the Insurer may authorise upon a Policyholder's request for direct settlement of eligible services and its according charges between a Network Hospital and the Insurer. In such case the Insurer will directly settle all eligible amounts with the Network Hospital and the Insured

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Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the Policy.

- 4) **Co-Pay:** means the percentage of admissible claim which the insured has to bear and shall be deducted from the admissible claim under the policy, by the insurer
- 5) **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 pre-authorised by the insurer and done in a **network hospital** to the extent that such costs does not exceed the reasonable and customary charges applicable in the locality for the same day care procedure
- 6) **Day care Procedure** means the course of medical treatment or a surgical procedure listed in the Annexure 2 which is undertaken under general or local anaesthesia in a hospital by a **doctor** in not less than 2 hours and not more than 24 hours. This excluded all procedures and treatments taken in the Out patient department.
- 7) **Doctor** means a person who holds a medical degree from a recognised institution and is currently licensed or registered by the Medical Council of the respective State of India, so long as he acts within the scope of the license or registration granted to him.
- 8) **Emergency** means a serious medical condition or symptom resulting from Injury or Sickness which arises suddenly and requires immediate care and treatment to avoid jeopardy to the life or serious damage to the health of an Insured Person. The emergency continues till the condition of the Insured Person stabilises and the continuing medical condition or symptoms are not considered an Emergency anymore.
- 9) **Floater** means that the limit of indemnity floats over the insured and the declared dependents as per the policy schedule.
- 10) **Hospitalisation or Hospitalised** means the **Insured Person's** admission for a continuous period of not less than 24 hours into a **Hospital**, which means an institution in India which 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:

1. 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;
2. has qualified nursing staff under its employment round the clock;
3. has qualified medical practitioner (s) in charge round the clock;
4. has a fully equipped operation theatre of its own where surgical procedures are carried out
5. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

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11) **Hospitalisation Expenses** means the medical treatment costs and:

- A. For a Network Hospital shall mean the rates pre-agreed between the Network Hospital and the Insurer which relate to medical treatment that is necessary and reasonable in scope to treat the condition for which the Insured Person was Hospitalised;
- B. For any other Hospital shall mean the cost of medical treatment that is necessary and reasonable in scope to treat the condition for which the Insured Person was 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 and Hospitalisation Class.

12) **Identification or ID card** means the card issued to the Insured Person by the Insurer.

13) **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.

14) **Insured** means:

- a. The persons named in the Schedule whose maximum entry age shall be 65 years (Proposer) on fresh entry and upto 70 yrs for renewal
- b. The Proposer 's':
 - i. Legal Spouse
 - ii. Children aged between 3 Months 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;
 - iii. Unmarried dependant children aged between 20 and 26 years at the commencement of the Policy Period if in full or part time education and primarily dependant upon the Proposer for financial support and maintenance;
 - iv. Any other person who during the Policy Period falls within one of the foregoing categories as long as the details of such person are notified to the Insurer within 30 days of the entitlement having arisen; any documentation or information sought by the Insurer has been provided expeditiously; the Insurer has agreed to the extension of cover, and any additional premium sought by the Insurer has been paid.

15) **Insurer** means the Cholamandalam MS General Insurance Company Limited

16) **Limit of Indemnity** means the amount stated in the Schedule against the name of Insured Persons including declared dependants as appearing in the policy schedule. It represents the maximum liability of the insurer for any and all claims made during the policy period in respect of that Insured persons and his declared dependants, regardless of the number of Coverage Parts under which a claim is or claims are advanced.

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- 17) **Network Hospital** All such hospitals, day care centres or other providers that the insurer has 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.
- 18) **Policy** means the proposal, this policy document and the Schedule,
- 19) **Policy Period** means the period between the effective date and the earlier of:
- A. The expiry date specified in the Schedule, and
 - B. The date of exhaustion of the Limit of Indemnity for particular Insured Person as regards that Insured Person / persons (in family floater policy), and
 - C. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition D (10) below.
- 20) **Pre-Existing Disease: Definition:** 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 with the insurer.
- 21) **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 the Insured Person is to be or was 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. Pre-hospitalisation expenses covered for 60 days before hospitalisation and post hospitalisation expenses covered for 90 days after discharge from said hospitalisation.
- 22) **Proposer** means the person who has signed in the proposal form and named in the Schedule.
- 23) **Reasonable and customary expenses** means those expenses which:
- A. Are charged for medical treatment, supplies or medical services that are medically necessary to treat the medical condition of the insured(s)
 - B. Does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the expense is incurred.
 - C. Does not include charges that would not have been made if no insurance existed.
- 24) **Schedule** means the Schedule of Benefits which is attached and which form a part of this Policy.

SECTION C: General Exclusions

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

1) **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 this insurer.

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- 2) Any Illness diagnosed or diagnosable within 30 days of the effective date of the policy period if this is the first Health policy taken by the proposer with the Insurer. If the Insured renews an Individual Health or family floater policy with the Insurer (Insurer's own renewal OR renewal of other General Insurance Company's policy without any break) and increases the Limit of Indemnity (other than as a result of the application of General Condition D7), then this exclusion shall apply in relation to the amount by which the Limit of Indemnity has been increased. This exclusion is not applicable in case of accidental hospitalisation.
- 3) Following diseases are excluded during the first and Second year of inception of policy with the Insurer

Illnesses excluded for One year	Illnesses excluded for Two years
Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula, Piles, Sinusitis & related disorders, Gall stones.	Spondilitis, Spondilosis, Knee / Hip joint replacement, heart diseases, Internal congenital diseases , any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any joint, Calculus diseases of gall bladder and urogenital, Gastric & 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.

- 4) Circumcision unless necessary for the treatment of an illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.
- 5) Tubectomy, Vasectomy, sex change or treatment, which result from, or is in any way related to sex change. Hormone replacement therapy.
- 6) 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. The exclusion on vaccination does not include post-bite treatment. Exclusion on cosmetic surgery is not applicable where medically required as part of treatment for cancer, accidents and burns.
- 7) Vitamins and tonics unless forming a necessary part of the treatment for illness as certified by the attending Doctor.
- 8) 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 except to the extent of coverage provided under Section A 5.
- 9) 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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- 10) The treatment of obesity (including morbid obesity) and any other weight control programs, services, or supplies.
- 11) 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.
- 12) Diagnostic, X-ray or laboratory examination not incidental to or inconsistent with the diagnosis and treatment of the Illness or Injury for which the Insured Person was hospitalised.
- 13) 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.
- 14) Charges incurred in connection with the provision or fitting of hearing aids, eyeglasses or contact lenses except to the extent of coverage provided under Section A(6).
- 15) Any travel or transportation costs or expenses.
- 16) The use, misuse, or abuse of alcohol, banned substances or narcotic drugs (whether prescribed or not).
- 17) All drugs, treatments and medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products not supported by a prescription.
- 18) Invitro 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.
- 19) HIV AIDS and all related medical conditions.
- 20) Costs incurred on all medical treatment except allopathic to the extent of coverage provided under Section A (4).
- 21) Any condition after the point at which it is certified by the attending doctor to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
- 22) Pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy except to the extent of coverage provided under Section A (3).

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- 23) Any external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery.
- 24) War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.
- 25) 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.

SECTION D: General Conditions

1. Observance of Terms & Conditions

It is a condition precedent to the Insurer's liability that the Insured Person shall comply in all respects with the terms and conditions of this Policy insofar as they require anything to be done or complied with by the Insured Person / Persons.

2. Due Care

The Insured Person / persons 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.

3. Change of Address / Contact details

It is in the interest of the proposer to intimate to the insurer any change in residential address and phone number(s)

4. Procedure for Making a Claim

If any of the Insured Person 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 the Insurer's liability that the Policyholder and/or the Primary Insured shall immediately:

- a) Give the insurer 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 the Insurer to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer;
- c) Obtain the Insurer's pre-authorisation for any medical treatment, which pre-authorisation shall, if the Insurer is 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.

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5. Procedure for submission of a Claim

- a) Within 30 days of the **discharge from hospital**, the **Policyholder** and/or the **Primary Insured** shall provide the **Insurer** 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 **Insurer's** liability for it sought by the **In-House Claims team of the Insurer**.
- b) The **Insurer** shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of the **Insured Person's** claim, and may for these purposes require the **Insured Person** to be examined by a medical advisor nominated by the **Insurer** as often as and to the extent that either considers to be reasonably necessary.

Where:

- i. any treatment has been obtained or costs or expenses have been incurred beyond those pre-authorised by the **Insurer**, or
- ii. any conditions attached to such pre-authorisation have been breached,

Then the **Insurer's** liability to make payment shall be limited to the amount that would have been payable had the terms of the pre-authorisation been adhered to by the **Insured Person**.

- c) The **Insurer** shall only make payment (unless already paid direct to the service provider/hospital) to the **Policyholder**.
- d) The **Policyholder** acknowledges and agrees that the payment of any claim by or on behalf of the **Insurer** shall not constitute on the part of the **Insurer** any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the **Insured Person**, it being agreed and recognised by the **Policyholder** that the **Insurer** is 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. Authority to Obtain Records

- a) The Insured person / persons will disclose to the Insurer (or any other person nominated by the Insurer) of any and all medical records and information held by any institution or person from which the Insured person has obtained any medical or other treatment to the extent reasonably required by the Insurer in connection with any claim made under this Policy or the Insurer's liability for it.
- b) The Insurer will preserve the confidentiality of any documentation and information that comes into the possession of either pursuant to 5a) above, and will only use it in connection with any claim made under this Policy or the Insurer's liability for it.
- c) The Insured or the Named Insured shall expeditiously provide the company with or arrange for the company to be provided with or any and all information or Documentation in respect of the Illness, the claim or the company's liability hereunder that may be requested, and the insured shall submit himself for the examination by the company's medical advisors as often as may be

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considered necessary by the company. The expenses towards doctors' fees for such medical examination at the time of claim shall be borne by the Insurer.

7. Renewal of Policy

Renewal of policy would be offered to the insured unless on grounds of moral hazard, misrepresentation, and fraud by the insured 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 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 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.

The company may from time to time revise the premium rates/terms and conditions based on Company's experience and to factor increasing medical costs. Such Increase would not be more than 25% over the rates previously charged. At the time of renewal the prevailing premium rates / terms and conditions would prevail.

In case the policy was purchased by the insured 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. Insured shall not stand to lose any benefit in case of such direct renewals for which he is otherwise entitled to.

The policy is renewable up to 70 years of age

8. Claim Free Bonus

As long as the proposer renews his policy with the Insurer without a break and as long as no claim has been made on the expiring policy, the Insurer will increase the Limit of Indemnity under each subsequent policy by 5% of the expiring policy Sum Insured, but:

- i. The maximum cumulative bonus shall at no time exceed 50% of the Sum Insured of the expiring policy or such bonus earned in the ten consecutive claim free years, whichever is less;
- ii. In the event of a claim, the claim free bonus under any subsequent policy shall be reduced by the percentage as mentioned in the benefit schedule except that the Limit of Indemnity shall not fall below 100% of the Sum insured available under the expiring policy with the insurer;

9. 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.

- a) **Claim free Bonus** : Subject to general condition 8) above
- b) **30 days Waiting Period** : A waiting period of 30 day would be considered to have been served if the Insured Person was insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / Family floater insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital, and he establishes to our satisfaction that he was unaware of and had not taken any advice or medication for such Illness or treatment

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In case of a difference in Sum insured between old policy and new policy, it would be treated as in point no 7 above.

10. Cancellation of cover

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

The Insured may also cancel the policy at any time in which event, the Insured 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 the Insured. Any excess premium available with the Company 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.

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

- a) Upon the Cancellation or non-renewal of this Policy, all ID cards shall immediately be returned to the Insurer at the Policyholder's expense and the Policyholder and each Insured Person agrees to hold and keep harmless the Insurer 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.

11. Notification

1. 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.
2. Any and all notices and declarations for the attention of any or all of the Insured Person shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

12. Arbitration

- a) 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.
- 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 held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

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13. Fraud

If the Insured Person and or the Policyholder shall:

- a. make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
- b. permit another to use his ID Card or use another's ID Card

In the above scenarios, this Policy shall be void 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.

14. Subrogation

The Policyholder:

- a. 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;
- b. 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 benefit sections of the policy.

15. 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.

16. 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.

17. Misstatement

If the Insured has misstated his age, all amount payable under this policy shall be adjusted to the coverage amount that would have been purchased for the premium paid.

In the event the Insured has misstated his age and if according to Insured's correct age, the coverage provided by the policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Insurer's Liability during the policy period shall be limited to the refund of premium, subject to deduction of cancellation charges by the Insurer, upon written request from the Insured, for the period not covered by 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 benefit sections of the policy.

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19. Territorial Limits

This Policy only covers medical treatment taken wholly within India, and payments under this Policy shall only be made in Indian Rupees within India

20. Redressal of Grievance

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.

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: customercare@cholams.murugappa.com
WEBSITE: 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 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 Ph (0): 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 (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

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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 : jobdelraj@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 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
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

21. Schedule of benefits:

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Notwithstanding contained herein within the policy wordings, the schedule of benefits will supersede the terms and conditions mentioned in the policy.

Schedule of Benefits for Family Healthline Floater policy

SLNO	BENEFITS	<u>Standard Family Health line</u>	<u>Superior Family Health line</u>	<u>Advanced Family Health line</u>
1.	Sum Insured (On floater Basis)	2/3/4/5 lakhs	3/4/6/8/10/12/15 lakhs	4/6/8/10/12/15 lakhs
2.	Sub limits Against Diseases	Cataract - 7.5% of SI, max Rs.20000 per eye	Cataract - 7.5% of SI, max Rs.20000 per eye	Nil
3.	Reduction in Claim Free Bonus in the event of claim(s) during the policy period	10%	7.5%	5%
4.	Room, Boarding & Nursing Expenses	AC Single room upto Rs 3000 per day	SI Rs 3/4 Lakhs - AC Single Room upto Rs 3000 per day SI - 6/8/10/12/15 Lakhs - Maximum 1 % of the sum insured	SI Rs 4 Lakhs - AC Single Room upto Rs 3000 per day SI - 6/8/10/12/15 Lakhs - Maximum 1 % of the sum insured
5.	Emergency Ambulance	Rs.1000 per insured per policy yr	Rs.2000 per insured per policy yr	Rs 3000 per insured per policy yr
6.	Home hospitalisation	Cover Not Applicable	15 % SI max Rs 70,000	Upto 25 % SI Max Rs 1 lakh
7.	Maternity Expenses, waiting period 5 yrs	Cover Not Applicable	Rs.15,000 Normal / Rs25,000 Caesarean,	Rs25,000 Normal / Rs40,000 Caesarean,
8.	Ayurvedic Therapy Treatments.	Cover Not Applicable	Cover Not Applicable	Upto 7.5 % of SI - Specific treatments only and 20 % co - payment
9.	OPD Dental 3 yrs waiting period	Cover Not Applicable	Cover Not Applicable	1 % of SI max Rs 5,000 with 30 % co-payment.
10.	External aids(Specs , Contact Lens, Hearing aids)3 yrs waiting period	Cover Not Applicable	Cover Not Applicable	1 % of SI max Rs 5000 once in a block of 2 yrs with 30% co-payment by insured
11.	Minor Accompaniment Daily Cash	Cover Not Applicable	Rs.250 / day for max 7 days with 1 day deductible	Rs.250 /day max 14 days with 1 day deductible.
12.	Daily Cash for choosing shared accommodation	Rs 250 per day for max 7 days with 1 day deductible	Rs 500 per day for max 7 days with 1 day deductible	Rs 500 per day for max 14 days with 1 day deductible
13.	General Health Check-up & Eye Examination	0.5 % of SI once after every two continuous claim free renewals	0.75 % of SI once after every two continuous claim free renewals	1.0 % of SI once after every two continuous claim free renewals

For details on specific benefits refer to Coverage parts (Section A) of policy Wordings

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

The indemnity provided under this policy is subject to a co-pay of 10% applicable for all claims admissible under the policy except in the case of SI Nos 8, 9 &10 in table above for which the co-pay is as specified in the schedule under respective item. The 10% co-pay is not applicable if the proposer has applied for waiver of the same and paid necessary additional premium.

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Annexure 2 attached to and forming part of Family Healthline policy wordings

List of Day care procedures

Operations on the ears

SI no Microsurgical operations on the middle ear

- 1 Stapedotomy
- 2 Stapedectomy
- 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
- 6 ossicles)
- 7 Revision of a tympanoplasty
- 8 Other microsurgical operations on the middle ear

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

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

Operations on the digestive tract

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- 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 of Douglas
- 98 *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*
- 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*

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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*