

THE PERFECT WAY TO
**PROTECT YOUR
FAMILY'S HEALTH.**

INTRODUCING
CHOLA HEALTHLINE



WHO CAN BUY?

You can buy this policy for:



Yourself, spouse, dependent children, dependent parents, parents in-law and siblings on individual Sum Insured (SI) basis



Yourself, spouse and dependent children on Floater Sum Insured (SI) basis

ENTRY AGE (for fresh proposals)



Siblings: From 05 years to 65 years



Children: Up to 4 children between 90 days to 26 years



Pre-policy health checkup not required up to 45 years

POLICY TYPE



Individual - Individual Sum insured for each member covered under the policy



Family Floater - Single Sum insured floats among the family members covered under the policy

POLICY TERM



This policy can be offered for a term of 1 Year / 2 Years / 3 Years

PLANS OFFERED

Benefits under this policy are available under 4 different plans to suit

- ❖ Value Healthline
- ❖ Freedom Healthline
- ❖ Enrich Healthline
- ❖ Privilege Healthline

PRODUCT COVERAGE

| SNo | Plans | Value Healthline | Freedom Healthline | Enrich Healthline | Privilege Healthline |
|-----|-----------------------------|------------------|--------------------|---------------------|----------------------|
| | Sum Insured (In Lakhs) (Rs) | 1/2/3/5/7.5/10 | 2/3/5/7.5/10/15 | 3/5/7.5/10/15/20/25 | 5/7.5/10/15/20/25 |

| SNo | Plans | Value Healthline | Freedom Healthline | Enrich Healthline | Privilege Healthline |
|-----|-------|------------------|--------------------|-------------------|----------------------|
|-----|-------|------------------|--------------------|-------------------|----------------------|

Benefits forming part of Sum Insured opted

| | | | | | |
|---|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|----------------------------------------------------------|
| A | In Patient Hospitalization Expenses | Covered | Covered | Covered | Covered |
| B | Day Care Procedures /Treatment Expenses | Covered | Covered | Covered | Covered |
| C | Pre Hospitalization Expenses | 30 days | 60 days | 60 days | 60 days |
| D | Post Hospitalization Expenses | 60 days | 90 days | 90 days | 90 days |
| E | Domiciliary Hospitalization Expenses per insured person per policy year | Max 7 days | Max 7 days | Max 7 days | Max 7 days |
| F | AYUSH Coverage Expenses | Covered | Covered | Covered | Covered |
| G | Organ Donor Hospitalization Expenses | Covered | Covered | Covered | Covered |
| H | Emergency Ambulance Expenses per Hospitalization | Rs 1000 | Rs 2000 | Rs 2000 | Rs 5000 |
| I | Maternity Expenses (Upto 2 deliveries, after 3 consecutive renewals) | No | No | No | Upto Rs 1 Lakh Per delivery |
| J | New Born Baby Hospitalization Expenses | No | No | No | Covered upto Sum Insured of Mother / Floater Sum Insured |
| K | Co-payment for age above 55 years | 10% on all claims | No | No | No |
| L | Co-payment | <p>A Co-payment of 10% shall be applied on each and every admissible claim in case of treatment taken in a hospital from Tier 1 location and the premium has been paid for Tier 2 location</p> <p>This Co-payment shall not be applicable to any claim under Child Hospitalisation Allowance per Hospitalisation ,Outpatient Dental/Specs/Contact lens /hearing aids, Extended Hospitalization Allowance, Specialist Opinion for Critical Illness</p> | | | |

| SNo | Plans | Value Healthline | Freedom Healthline | Enrich Healthline | Privilege Healthline |
|-----|-------|------------------|--------------------|-------------------|----------------------|
|-----|-------|------------------|--------------------|-------------------|----------------------|

Additional Benefits over the Sum Insured

| | | | | | |
|---|----------------------------------------------------------------------|----|----|------------------------------------|------------------------------------|
| A | Child Hospitalization Allowance per hospitalization | No | No | Rs 500 per day for 7 days | No |
| B | Outpatient Dental/ Specs/ Contact lens/hearing aids | No | No | No | Rs 10000 every 2 yr |
| C | Extended Hospitalization Allowance (Minimum 10 days Hospitalization) | No | No | Rs 10,000 | Rs 10,000 |
| D | Double Sum Insured (Refer to Illustration 1) | No | No | For Critical illness and Accidents | For Critical illness and Accidents |
| E | Specialist Opinion for Critical illness | No | No | No | Rs 25000/- |

Renewal Benefits

| | | | | | |
|---|--------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| A | Health Checkup Expenses | No | Once after 3 claim free years | Once after 2 claim free years | Once after 2 claim free years |
| B | Cumulative Bonus (Refer to Illustration 2) | 5% of Sum Insured every claim free year subject to maximum of 25% of Sum Insured | 5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured | 50% of Sum Insured every claim free year subject to maximum of 100% of Sum Insured | 5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured |
| C | Reduction in Cumulative Bonus | 5% of Sum Insured | 5% of Sum Insured | 50% of Sum Insured | 5% of Sum Insured |

Note:

- Single occupancy AC room is allowed for all Sum Insured except for Rs 1 Lakh/2 Lakhs. For Rs 1 Lakh and Rs 2 Lakhs Sum Insured the maximum room rent limit per day is Rs 1500 and Rs 3000 respectively.
- In the event of insured occupying a higher room category than the eligibility under the plan opted, differential room rent would be deducted from the claim amount.

WAITING PERIODS

i. Pre-Existing Diseases – Code – Excl01:

- Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

- c) If the Insured Person is continuously covered without any break as defined under the norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by insurer.

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

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

iii. 30-day waiting period – Code – Excl03

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

EXCLUSIONS

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

1. Investigation & Evaluation – Code – Excl04:

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

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

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

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

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

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

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

(The above list of exclusions are illustrative only. For detailed list of exclusions, please refer to the policy wordings)

FREE LOOK PERIOD

Every policyholder of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy and to return the same if not acceptable.

Free Look Period shall not be applicable on renewals or at the time of porting/migrating the policy.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges, where the risk has not commenced or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges.

PORTABILITY

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

MIGRATION

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

RENEWAL

The health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium clause of the policy.

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

SUM INSURED ENHANCEMENT

SI can be changed at the time of renewal, subject to written application and acceptance by the company. The increased SI shall be as if a new policy is issued for the additional SI. The additional SI will be available subject to waiting period as per exclusion of the policy wordings.

POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES

The company may revise or modify the terms of the policy including the premium rates with prior approval of the Product Management Committee, of the Company. The insured person shall be notified three months before the changes are effected.

WITHDRAWAL OF THE PRODUCT

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

CANCELLATION

- ❖ The policyholder may cancel this policy at any time during the term, by giving 7 days written notice in writing and in such an event, the Company shall
 - a. refund proportionate premium for the unexpired policy period, if the term of policy upto one year and there is no claim(s) made during the policy period.
 - b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
- ❖ The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

DISCOUNTS

- ❖ Discount on long term policy purchase: 5% on a 2 year policy & 10% on a 3 year policy.
- ❖ Floater premium: Based on the age of senior-most member of the family.
- ❖ Discount based on location: 10% discount on premium for insured from tier 2 locations.
 - Tier 1 locations:** Mumbai, Chennai, Bengaluru, Kolkata, New Delhi, Gurgaon, Hyderabad, Ahmedabad
 - Tier 2 locations:** Rest of India excluding Tier 1 locations

TAX EXEMPTION UNDER SECTION 80(D)*

Premium paid under this policy for Self, Spouse, dependent Children and parents is eligible for deduction under Section 80 D of Income Tax Act

*Tax benefits are subject to change as per applicable laws from time to time

NETWORK HOSPITALS

Largest list of network hospitals for availing cashless hospitalisation

CASHLESS PROCEDURE AT NETWORK HOSPITAL

- ❖ **For planned hospitalisation:** Intimation and pre-authorisation to be obtained 72 hours prior to admission. Network hospital list can be downloaded from our website www.cholainsurance.com
- ❖ **For emergency hospitalisation:** Claim intimation to be given within 48 hours of an emergency admission

REIMBURSEMENT CLAIM PROCEDURE

Claim documents to be submitted to the Insurer within 30 days from the date of discharge along with duly filled in and signed claim form

ILLUSTRATION 1 – DOUBLE SI

Mr. Sharma has purchased a Privilege Plan for SI of ₹5 lakhs covering himself. Mr. Sharma is hospitalised for Open Heart Replacement (named Critical Illness) and his total claim amount is ₹7 lakhs. Thanks to the special Double SI feature under this plan for hospitalisation expenses arising out of named critical illness, Mr. Sharma's claim of ₹7 lakhs will be paid in full, which is otherwise restricted to ₹5 lakhs.

ILLUSTRATION 2 – DOUBLE SI AND CUMULATIVE BONUS

Mr. Anand (37 year old entrepreneur) has purchased a Privilege Family Floater Plan of ₹5 lakhs for self and his wife. There is no claim during the first year of the policy. On renewal, he gets 5% bonus, ie. ₹25,000. There is an accident claim for his wife under the renewed policy and the total claim amount of ₹6 lakhs which is fully paid.

Subsequently, during the same year, Mr. Anand is unfortunately hospitalised for Heart Attack. His total medical expenses is ₹2 lakhs which is fully paid. Please refer the table below to understand better how both the claims are paid.

| Details | Amount (₹) | Claim amount available |
|--------------------------------------------------------------------------------|------------|------------------------|
| Base SI | ₹5,00,000 | ₹5,00,000 |
| Bonus - 5% of base SI on renewal | ₹25,000 | ₹5,25,000 |
| Mrs. Anand's claim | ₹6,00,000 | ₹5,25,000 |
| Mrs .Anand's balance claim amount of ₹75,000 is settled from Double SI benefit | | |
| Double SI | ₹5,00,000 | ₹5,00,000 |
| Mrs. Anand's balance claim amount | ₹75,000 | ₹4,25,000 |
| Mr. Anand's claim | ₹2,00,000 | ₹2,25,000 |

Mr. Anand has paid a small premium for maximum peace of mind.

The above examples are purely illustrative. You may contact your advisor or refer to policy wordings on our website for further details.



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Prohibition of rebates 41. (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: CIN: U66030TN2001PLC047977 | IRDA Regn. No.123 | Chola Healthline UIN: CHOHLIP24153V042324

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