

Make your health insurance stronger!
Get Chola Super TopUp Insurance.





SMS CHOLA to 56677* cholainsurance.com



Hospitalisation expenses



For Individual and family





Make your health insurance work harder for you. Get more cover easily!

Chola MS cures all the problems with your current Health Insurance, by just adding to it! With our Chola Super Topup Plan you can get a health insurance top-up that's up to four times higher than what's covered by your actual Health Insurance Policy!!

Yes! Immunise yourself, get the Chola Super Topup Plan today.

Who is covered?

- Persons aged between 3 months and 70 years. Proposer should be > 18 years of age.
- · No maximum cover ceasing age for children.
- You can avail the policy on Individual or on Family Floater Sum Insured basis.
- Covers all your family members (self, spouse, children, parents and other family members like parents in laws, grandfather, grandmother, grandson, granddaughter, daughter in law, son in law, sister, sister-in-law, brother, brother-in-law, nephew, niece, etc.) on individual Sum Insured basis.
 (Or) Cover yourself, your spouse, children and parents up to a maximum of 6 members of the family on floater Sum Insured basis.

What does the Chola Super Topup Plan offer?

• It offers more cover than any normal health insurance policy. Normally you would opt for a health insurance with a large Sum Insured for self, spouse, children and parents. This would mean you would end up paying a high premium. However, the Chola Super Topup Insurance gives you the flexibility to opt for a health policy with a smaller Sum Insured and then, top it up with a Chola Super Topup Insurance for additional coverage of your extended family, thereby covering all the members of the family at a much lesser premium.

Illustration:

Scenario	Individual Cover	Family Floater - Self+Spouse+2 Children
If Mr. A aged 40 yrs avails an Individual Health Policy for a SI of ₹10 lacs, his premium will be	₹10600/-	₹21200/-
However, if he avails an Individual Health Policy for a SI of ₹5 lacs, his premium will be	₹5894/-	₹11789/-
and a Chola Super Topup Insurance plan with SI of ₹5 lac & deductible ₹5 lac, his premium will be	₹1452/-	₹3486/-
Total premium to be paid for a cover of ₹10 lacs	₹7346/-	₹15275/-
Total Savings	₹3254/-	₹5925/-

Tax Exemption under Section 80(D) of Income Tax Act*

Premium paid under this policy for self, spouse, dependent children and parents is eligible for deduction under Section 80D of Income Tax Act. *Tax benefits are subject to change in the tax laws.

What is the tenure of this policy?

You can avail this policy for a policy term of 1 / 2 / 3 year(s).

- Savings on premium for long duration policy.
- Saves the hassle of renewing every year.

Do you need a Pre-policy check-up?

No, you don't need a pre-policy health check-up till 55 years of age. Cost of pre-policy health check-up will be reimbursed up to 100% on issuance of policy.

Why should you take the Chola Super Topup Plan?

In case you are wondering, here is why this policy makes sense to you. It ticks all the necessary boxes while letting you save on the premium you pay. As to what the necessary boxes are, see below:

COVERS / PLANS	PREMIERE	SUPREME
In-patient treatment - Hospitalisation expenses due to an illness or accident	✓	✓
Emergency ambulance expenses	✓	✓
Day care procedures	✓	✓
AYUSH coverage expenses	✓	✓
Domiciliary hospitalisation	✓	✓
Pre-hospitalisation expenses	×	60 days
Post-hospitalisation expenses	×	90 days

Note: In case the day care procedure is done in a non-network hospital, the same must be pre-authorised by us.

Our bouquet of Sum Insured Options

Sum Insured (SI) Options (in lacs)	Deductible Options (in lacs)		
3	1/2/3		
5	2/3/4/5/10		
7.5	3 / 4 / 5 / 7.5		
10	5 / 7.5 / 10		
15	5 / 10		
20	5 / 10 / 15		
25	10 / 15 / 20		

Deductible is a cost sharing requirement under this Policy, where the Company will not be liable for medical expenses up to a specified rupee amount of the covered expenses, which will apply before any benefits are payable by you. A deductible does not reduce the Sum Insured.

Deductible opted will apply over aggregate of all admissible claims under the policy per annum by you (Individual cover) or your family (in case of Family Floater cover).

Illustration						
Sum Insured opted by the Insured	₹5,00,000/-					
Deductible opted	₹3,00,000/-					
Policy Period	One year from 01st Jan to 31st Dec					
Individual Cover						
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Super Topup Insurance		
1	June	₹1,50,000/-	₹3,00,000/-	₹1,00,000/-		
2	September	₹2,50,000/-	(3,00,000/-			
Total		₹4,00,000/-	₹3,00,000/-			
Family Floater Cover						
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Super Topup Insurance		
1 - Insured 1	April	₹75,000/-				
2 - Insured 3	August	₹2,00,000/-	₹3,00,000/-	₹3,75,000/-		
3 - Insured 4	November	₹4,00,000/-				
Total		₹6,75,000/-	₹3,00,000/-			

How strong is our network?

You can avail cashless hospitalisation at any of our largest list of network hospitals.

How do our claims services function?

- Chola MS HELP 24x7 claims administration team to serve you in all claim-related issues. No TPA involvement.
- Cashless authorization within 3 hours of intimation.
- Claims for treatment across non-network hospitals will be processed within 21 working days from the date of submission of valid documents, subject to policy terms and conditions.

How do you get cashless procedure done at a network hospital?

- For planned hospitalisation or day care procedure, 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, intimation and pre-authorisation to be obtained within 48 hours of admission.

What is the procedure to claim reimbursement?

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

Renewal

 Grace period for renewal would be 30 days from date of expiry of previous policy. However, claims during the grace period are not payable.

Possibility of revision of terms of the policy including premium rates

 Any changes to the policy terms subject to IRDA approval shall be notified to the policy holder at least three months prior to the date when such revision or modification comes into effect with reasons thereto.

Withdrawal of the product

 The policy may be withdrawn from the market subject to IRDA approval. We shall notify you of such withdrawal 90 days prior to the renewal date of the policy. As insured, you will have the option to purchase another policy with similar covers, if available with the company, subject to portability conditions.

Free look period

As an Insured, you are allowed a 15-day free look period from the date of receipt of policy to review the terms and conditions of the policy and to return the same, if not acceptable. In such a case, the policy will be cancelled from date of cancellation request received at our office provided no claim is reported and considered. Refund of premium would be after retaining charges towards medical tests, stamp duty and pro-rata premium from the risk start date till date of cancellation for the period of coverage enjoyed by you.

What if you needed to cancel the policy?

- A 15-day written notice is required for cancellation by either parties.
- In case of cancellation by you, we will retain a part of the premium for the period for which you were covered under this policy.

Can I migrate from another insurer/plan?

In the event of you holding a Health Insurance Policy (Individual / Family Floater) with any other Indian insurer, you have the option to migrate to the Chola Super Topup Insurance, subject to portability conditions laid down by IRDA.

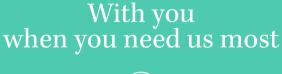
What is not covered? (Exclusions)

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

- A waiting period of 30 days will apply to all claims from the commencement date of the policy except in case accidents. This exclusion does not apply for subsequent renewals with the company without a break.
- Expenses incurred on treatment of following diseases within the first year from the commencement of the policy will not be payable: Congenital Internal Anomaly, Varicose veins and Varicose Ulcers, Rheumatism and arthritis of any kind, Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum, Stones in the Urinary and Biliary

systems, Gastric or Duodenal Ulcer, Any type of benign Cyst/ Nodules/ Polpys/ Tumours/ Breast Lumps, Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders, Cataract, Benign Prostatic Hypertrophy, Myomectomy, Hysterectomy unless because of malignancy, Dilatation and curettage (D&C), Anal Fistula, Fissure and Piles, All types of Hernia, Hydrocele, Chronic Renal Failure, Joint replacement Surgery unless because of accident. If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per exclusion 3 below. Waiting period of 1 year will not be applicable if hospitalization is caused directly due to an accident during policy period.

Pre-existing Diseases (PED): Pre-existing Diseases will be covered after a
waiting period of 48 consecutive months (under Premiere Plan) / 36
consecutive months (under Supreme Plan) of coverage since inception of the
first policy.









For more details on the plans, call us at 1800 208 5544 (toll free) or SMS CHOLA to 56677* or visit www.cholainsurance.com



Cholamandalam MS General Insurance Company Limited

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For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. Terms and Conditions apply.

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.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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