



## IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

### Prospectus/ Sales Literature

#### Swasthya Raksha Bima

UIN: IFFHLIP20068V011920

#### Scope of Cover

The Policy offers a protection cover for you and your family for any injury or disease related contingencies like hospitalization, medical expenses, surgical expenses, Organ transplantation etc. The Policy covers the members of the Family consisting of you, your spouse and financially dependent children up to the age of 23 years on a floater basis. Coverage is under a single Sum Insured and no separate Sum Insured is required for each member of the Family. Thus each member of Family draws claims from the single Limit of Indemnity.

The policy provides maximum coverage if treatment of any covered medical condition is taken in Zone B cities (Annexure 1). For other cities, a co-pay shall be applicable.

The Policy is brought to You by ITGI at an affordable premium.

Claim is directly serviced by IFFCO TOKIO without any Third party administrator. We also offer an option to migrate to any suitable health policy with the continuity of the coverage in terms of waiting period.

The Policy provides the coverage for one year.

#### **AGE LIMIT:**

This insurance is available to persons between the age of 18 years and 65 years. Financially dependent children between the age of 91 days and 23 years of age can be covered provided one or both parents are covered concurrently.

No first time coverage shall be provided for persons above 65 years. However, renewals are allowed without any upper age limit.

**Sum Insured:** 1 lakh/ 2 lakh/ 3 lakh/ 4 lakh/ 5 lakh.

**PRE ACCEPTANCE MEDICAL CHECK UP:** a) For an individual in age group of completed 45 (forty-five) years to 55 (fifty-five) years following Medical check-up is required:

1. Blood Sugar (PP & Fasting)
2. ECG with Doctors report
3. Urine Test and Physical fitness certificate

b) For an individual in age group of 55 (fifty-five) years to 65 (sixty-five) years following Medical check-up is required:

1. Lipid profile
2. Kidney Function Test
3. Reports as per tests defined under (a)

The above tests will also be mandatory in following cases:

- a) Fresh proposals, as per a) and b) mentioned above in respect of persons between 45 to 55 years and above 55 years, respectively.
- b) If the basic sum insured is being sought to be enhanced.
- c) When there is break in insurance for more than 30(thirty) days.
- d) Individuals with past medical history.

In event of acceptance of proposal, 50% (fifty percent) cost of medical check-up will be reimbursed to you. The validity of aforesaid tests would be 15 days.

Medical test and age limit criteria may vary as per company guidelines applicable at the time of risk acceptance.

**LIMITS OF LIABILITY:**

S.No.	Nature of Expense	Limits
1.	Hospitalization Stay	
(a)	Room, Boarding & Nursing (Normal room)	1.0% of Basic Sum Insured per day.
(b)	Room, Boarding & Nursing (ICU/ITU)	2.0% of Basic Sum Insured per day.
(c)	Registration, Service Charges, Surcharge and similar charges	Actual within overall limit of Sum Insured
2	Fees of Medical Practitioner, Anaesthetist, Consultants and Surgeon	Actual within the overall limit of Sum Insured
3	Anaesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.	Actual within the overall limit of Sum Insured
4.	Vitamins and Tonics forming	Actual within the overall limit of Sum Insured

	part of treatment										
5.	Domiciliary Hospitalization Treatment	20% of Basic Sum Insured									
6.	Daily Allowance for actual Hospitalization period	Rs.150/- per day of Hospitalization.									
7.	Ambulance Charges	Actual subject to max of Rs. 750/-									
8.	Package Charges for Treatment	The Hospitalization expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network									
9.	Treatment of person donating an organ	Actual subject to limits under Items (1) to (3) within the overall Sum Insured of the Insured Person.									
10	Pre-Hospitalization expenses for 30 days each including approved home nursing approved by Medical Practitioner	Actual subject to overall limit of Sum Insured									
11	Post Hospitalization Expenses	Relevant medical expenses up to 7% of Hospitalization expenses (excluding Room Rent) incurred during period up to 30 days after Hospitalization on Disease/illness/Injury sustained subject to maximum of Rs.7500/-, which will be part of Hospitalization expenses claim.									
12	Day Care Procedures	161 day care procedures are covered as per annexure "List of Day Care Procedures" which does not require minimum Hospitalization period of 24 hours									
13	Expense Limit per Claim	<b>LIST OF TREATMENTS</b>									
		<table border="1"> <thead> <tr> <th>S. No.</th> <th>Treatment List</th> <th>Expense Limit Per Claim</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Cataract</td> <td>5% of the Sum Insured subject to maximum of Rs 15,000/-</td> </tr> <tr> <td>B</td> <td>Piles, Fistula, Fissure, Tonsillitis, Sinusitis</td> <td>8% of the Sum Insured subject to maximum of Rs 25,000/-</td> </tr> </tbody> </table>	S. No.	Treatment List	Expense Limit Per Claim	A	Cataract	5% of the Sum Insured subject to maximum of Rs 15,000/-	B	Piles, Fistula, Fissure, Tonsillitis, Sinusitis	8% of the Sum Insured subject to maximum of Rs 25,000/-
		S. No.	Treatment List	Expense Limit Per Claim							
A	Cataract	5% of the Sum Insured subject to maximum of Rs 15,000/-									
B	Piles, Fistula, Fissure, Tonsillitis, Sinusitis	8% of the Sum Insured subject to maximum of Rs 25,000/-									

		C	Benign Prostatic Hypertrophy, Hernia	8% of the Sum Insured subject to maximum of Rs 30,000/-
		D	Knee/Hip Joint replacement, Cancer, renal failure	30% of the Sum Insured subject to maximum of Rs 1,00,000/-
		E	Appendicitis, Gall Bladder stones and Hysterectomy	10% of the Sum Insured subject to maximum of Rs 25,000/-
14	AYUSH Hospitalization	Covered within Sum insured		

**Note**

- a) 1. The Hospitalization expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network.
- b) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person and within the Sum Insured. For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalization expenses and Daily Allowance.
- c) 35% copay if the Insured person takes treatment in Zone A (Annexure 1).

**Exclusions**

**WE will not pay for**

1. Any condition(s) defined as Pre - existing Disease in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first health insurance policy, whether group or individual, without any break in the insurance coverage. This exclusion will also apply to any complications arising from Pre- Existing Disease/ Injury. Such complications will be considered as a part of the Pre- Existing Disease.
2. Any expense on Hospitalization/Domiciliary Hospitalization for any Disease during first 30 days of commencement of this Insurance cover except due to accident. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or similar coverage under Individual/Group Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break exceeding 30 days. This Exclusion waiver shall be restricted to Sum Insured of preceding Policy
3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases:
  - (i) Tonsillitis/ Adenoids
  - (ii) Gastric or Duodenal Ulcer
  - (iii) Any type of Cyst/ Nodules/ Polyps
  - (iv) Any type of Breast lumps.

However if these Disease are Pre-Existing at the time of Proposal then they will be falling under Exclusion (1) and will be covered after four continuous year of insurance with Us.

This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 (twelve) months without a break exceeding 30(thirty) days.

4. Any expense incurred during the first two continuous years of operation of the insurance cover on treatment of the following Diseases :
  - (i) Cataract, Benign Prostatic Hypertrophy,
  - (ii) Hysterectomy for Menorrhagia or Fibromyoma
  - (iii) Hernia, Hydrocele
  - (iv) Fistula in anus, Piles, Sinusitis
  - (v) Choletithiasis and Cholecystectomy
  - (vi) Spondylosis / Spondylitis – any type
  - (vii) Inter- vertebral Disc Prolapse (other than caused by an accident)
  - (viii) Knee replacement/ Joint Replacement/ Hip replacement (other than caused by an accident)
  - (ix) Osteoarthritis
  - (x) Varicose Veins / Varicose Ulcers

However if these Diseases are Pre-Existing at the time of Proposal then they will be falling under Exclusions (1) and will be covered after four continuous year of insurance with Us.

This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 24 (twenty four) months without a break exceeding 30(thirty) days.

5. Injury or Diseases directly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).
6. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .
7. Cost of spectacles and contact lens or hearing aids.
8. Dental treatment or surgery of any kind, unless requiring Hospitalization.
9. Convalescence, general debility, run down condition or rest cure, external congenital Disease or defects or anomalies, sterility, venereal Disease, intentional self-Injury, or cause of accident/illness is use of intoxicating drugs/alcohols by the insured person(s).
10. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalization or Domiciliary Hospitalization claim.
11. Any Hospitalization for evaluation purpose.
12. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.
13. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
14. Any expense on treatment of Insured Person as outpatient in a Hospital.
15. Any expense on experimental or alternative medicine. However, this exclusion shall not apply to AYUSH treatment necessitating Hospitalization, and taken at the registered Hospitals.

16. Any expense on procedure and treatment other than Allopathic and AYUSH.
17. Any expense related to Disease/Injury suffered whilst engaged in adventure activities or adventurous sports including speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports which increase the risk of an accident.
18. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, Nebulizing machine, ventilator, etc. except the medicines or the solutions required for the treatment.
19. Stem cell implantation/ surgery and Genetic disorders.
20. All non medical expenses including personal comfort and convenience items or services, such as telephone, ayah/ barber or beauty services, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc..
21. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
22. Travel or transportation expenses, other than Ambulance service charges
23. Pre-natal and post-natal expenses.
24. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
25. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.
26. Any expense under Domiciliary Hospitalization for Pre and Post Hospitalization treatment  
Treatment of following Diseases:
  - (i) Asthma
  - (ii) Bronchitis
  - (iii) Chronic Nephritis and Nephritic Syndrome
  - (iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis
  - (v) Diabetes Mellitus
  - (vi) Epilepsy
  - (vii) Hypertension
  - (viii) Influenza, Cough and Cold
  - (ix) Pyrexia of unknown origin for less than 15 days
  - (x) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
  - (xi) Arthritis, Gout and Rheumatism
  - (xii) Dental Treatment or Surgery
27. Non Medical expenses that are not covered as per Annexure "List of Non Payable items".
28. Excluded Hospitals: The policy does not pay for cost of treatment (both cashless and reimbursement except emergency hospitalization) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the "List of excluded Hospitals". . The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. We suggest you to please check our website [www.iffcotokio.co.in](http://www.iffcotokio.co.in). or contact our call centre / nearest office for updated list of such excluded hospitals before admission.

29. Correction of vision (Lasik or other similar surgery) and all types Laser treatments / surgeries for EYE which can be performed on OPD basis
30. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy
31. Intra-articular injections
32. Oral Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting.

### **Benefits under the Policy**

This Policy also provides unique value added Emergency Medical Assistance Services.

The services are provided by ITGI's authorised service provider. ITGI is the first Insurer to bring to You these services and that too without any sub limits:

1. Medical Consultation, Evaluation and Referral
2. Emergency Medical Evacuation
3. Medical Repatriation
4. Transportation to Join Patient
5. Care and/or Transportation of Minor Children
6. Emergency Message Transmission
7. Return of Mortal Remains
8. Emergency Cash Coordination

**Key Condition:**The Emergency Assistance Services are available when you meet with an accident while travelling **150 kms** and more from your place of residence stated in the Policy .The services are to be availed through the Service Provider only and no reimbursement is provided for these.

### **REINSTATEMENT OF SUM INSURED**

If the Insured person gets hospitalized and the claim is payable, the sum insured gets reduced by the payable amount. Hence, in case insured wants to reinstate the sum insured, he may opt for the same at the time of claim.

After occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of the claim after charging appropriate premium as per the following method for reinstatement of the basic sum insured so that full basic sum insured is available for the policy period:

- a) Reinstatement of basic sum insured will be to the extent of claim amount paid.
- b) Reinstatement premium will be deducted from the claim amount.
- c) Reinstatement will be effected for the period from the first date of Hospitalization up to the expiry date of the policy.
- d) This reinstated basic sum insured will not be available for the Hospitalization treatment expenses of the illness, disease, injury for which the insured person(s) was/were hospitalized. It will be available for treatment including that for the same illness or any other disease, illness (other than chronic diseases listed below under point g) which are not cases of relapse within 45(forty five) days of first Hospitalization for which Insured

person(s) was/were hospitalised. Further even in the first Hospitalization period, if the insured person(s) sustain any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the reinstated basic sum insured will be available for payment of claim for subsequent disease/injury/illness which insured person(s) has/have sustained whilst being in the hospital for the other disease/injury.

- e) Though the basic sum insured will be reinstated as soon as Hospitalization of the insured person(s) take place, the premium for the same shall be recovered from the claim settlement amount.
- f) Premium will be computed on pro-rata on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation:

$$\text{Reinstatement Premium} = \frac{(\text{Annual Premium} \times \text{Claim Amount})}{\text{Total Basic Sum Insured}} \times \frac{\text{Remaining number of days of the policy (calculated from the date of admission in the hospital)}}{365}$$

- g) The reinstated basic sum insured will not be available for the following chronic disease where the initial claim under the same policy period has been lodged for:

- (i) Cancer of specified severity
- (ii) Coma of Specified Severity
- (iii) End Stage Liver Disease
- (iv) Kidney Failure Requiring Regular Dialysis
- (v) Major Injuries
- (vi) Major Organ /Bone Marrow Transplant
- (vii) Multiple Sclerosis with Persisting Symptoms
- (viii) Open Chest CABG
- (ix) Third Degree Burns
- (x) Stroke Resulting in Permanent Symptoms

- i) The reinstatement of sum insured will not be available for Domiciliary Hospitalization and AYUSH Hospitalization.

**Additional Advantages**

- Income Tax benefits under Section 80D. Click here to know more about Tax Benefit
- Hassle free claims procedure
- Cashless claim facility available at over 4000 network hospitals across India. The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website [www.iffcotokio.co.in](http://www.iffcotokio.co.in) or contact our call centre/ nearest office for updated list of such hospitals before admission.



### **Premium and Sum Insured**

The premium is dependent on the highest age of the member of the Family and on the number of insured person viz. Proposer and spouse, Proposer, spouse and dependent children.

### **Please note**

- Hospitalization should be for a minimum period of 24 hours except for specific treatments such as eye surgery, lithotripsy, tonsillectomy and listed Day Care Surgeries.
- Section 80 D benefit under Income Tax Act is available on the total premium (basic cover+optional cover) paid by cheque for self and family (consisting of self, spouse, dependent children).
- There is a sub-limit under the Policy for room rent. ICU charges, Domiciliary Hospitalization where expenses of treatment at home is reimbursed under specified conditions.

### **Renewal**

The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, We shall not be bound to give notice that such renewal premium is due, provided however that if You apply for renewal and remits the requisite premium before the expiry of this Policy, renewal shall not normally refused, unless the Company has reasonable justification to do so. The Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the continuity benefits will not be available and any insurance cover thereafter will be treated as fresh cover. For the purposes, We shall not be liable to pay claim occurring during the period of break in insurance.

### **Increase in Sum Insured:**

If You renew with Us or transfer from any other Insurer and increase the Sum Insured, then the waiting periods mentioned under Exclusion numbers 1, 2,3 and 4 shall apply fresh for the enhanced Sum Insured.

### **Portability**

1. The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2016 dated 12th July, 2016. For more information, please refer to the page no.41 on the following URL of the IRDA website:

[https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral\\_Layout.aspx?page=PageNo2908&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1)

- a. Portability shall be granted only to the Insured Person/s who is/are presently covered and were continuously covered without any lapses under any other similar health insurance plan with an Indian Non-life/Health insurer in the past.
- b. In case portability is granted by us the proviso's regarding the waiting periods specified under Exclusion Nos 1,2,3 and 4 of the Policy stand modified as under in respect of such insured persons granted with portability.
  - I. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy/Policies; AND

- II. If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall apply only to the extent of the Sum Insured under the previous health insurance policy.
- III. The reduction in the waiting period specified above shall be only if We have received the database and claim history from the previous Indian insurance company;
- IV. We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

**Free Lookup Period**

- a. You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.
- b. If you have not made any claim during the free look period, then you shall be entitled to:
  - i. A refund of the premium paid less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges or;
  - ii. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges or;
  - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges

**Cancellation**

- i. We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, by sending a 30 (thirty) days’ notice by registered post to your last known address. You will then be entitled, except in case of fraud or illegality on your part, to a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen. The refund of the premium shall be given by the following formula:

$$R = \frac{(365 - n)}{365} * P$$

where,

n = Total number of days of policy in force

P = Premium paid by the insured

R = Refund on the policy

- ii. You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

Period of cover up to	Refund of annual premium rate (%)
1 (one) month	75% (seventy five percent)
3 (three) months	50% (fifty percent)
6 (six) months	25% (twenty five percent)
Exceeding 6 (six) months	Nil

### **Alteration of Policy Conditions**

The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However, the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.

### **Withdrawal of Policy**

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions

### **Fraud**

If a claim is fraudulent in any respect or supported by any fraudulent statement with or without your knowledge or that of the insured person(s), all benefit(s) under this policy shall be forfeited.

### **Discounts**

#### **1) Discount for employees covered under the Group Mediclaim Policy**

All the employees covered under the Group Mediclaim Policy insured with IFFCO TOKIO will be eligible for discount as per below mentioned slabs –

Sum Insured opted under Swasthya Raksha Bima	Discount
Rs.4 (Four) lakh and above	10% (ten percent)

- 2) 10% (ten percent) discount in policy premium for all customers holding any other insurance policy of IFFCO TOKIO.
- 3) 20% (twenty percent) discount for all employees of IFFCO TOKIO.
- 4) 10% (ten percent) discount in policy premium is permitted for all customers who buy policy directly through IFFCO-TOKIO website.

### **Documents required for settlement of claims:**

Claim Form

Discharge Summary, Bills and Receipt of Hospital/Nursing Home

Attending Doctor's Report and Bills as well as cash memos of medicines and pathological tests duly supported by proper prescription.

F.I.R, Post Mortem Report, Final Investigation Report etc. in case of an accident.

***This brochure provides only the salient features and for details kindly refer to the complete Policy wordings.***

**Premium applicable**

Premium applicable will be based on the Highest age of the Insured Person, Number of members of family proposed (maximum 5) and Sum Insured selected.

**1. PREMIUM TABLE:**

Sum Insured/ Age Group	Amount in Rs								
	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
<b>100000</b>	2,590	2,952	3,836	4,984	7,278	10,370	12,609	16,169	20,696
<b>200000</b>	4,390	5,004	6,502	8,447	12,336	17,577	21,371	27,404	35,077
<b>300000</b>	5,177	5,902	7,668	9,962	14,548	20,729	25,203	32,318	41,367
<b>400000</b>	5,817	6,630	8,614	11,192	16,345	23,288	28,315	36,309	46,476
<b>500000</b>	6,125	6,982	9,071	11,786	17,211	24,523	29,816	38,234	48,940

**1 ADULT , 1  
CHILD**

Sum Insured/ Age Group	Amount in Rs								
	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
<b>100000</b>	1,813	2,067	2,685	3,489	5,095	7,259	8,826	11,318	14,487
<b>200000</b>	3,073	3,503	4,551	5,913	8,635	12,304	14,959	19,183	24,554
<b>300000</b>	3,624	4,131	5,367	6,974	10,184	14,510	17,642	22,623	28,957
<b>400000</b>	4,072	4,641	6,030	7,835	11,441	16,302	19,820	25,416	32,533
<b>500000</b>	4,288	4,887	6,350	8,250	12,048	17,166	20,871	26,764	34,258

**1 ADULT , 2  
CHILDREN**

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,072	2,362	3,069	3,987	5,823	8,296	10,087	12,935	16,557
200000	3,512	4,003	5,201	6,758	9,869	14,061	17,097	21,923	28,062
300000	4,142	4,721	6,134	7,970	11,639	16,583	20,162	25,855	33,094
400000	4,653	5,304	6,892	8,954	13,076	18,631	22,652	29,047	37,181
500000	4,900	5,585	7,257	9,429	13,769	19,618	23,853	30,587	39,152

**1 ADULT , 3  
CHILDREN**

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,331	2,657	3,452	4,486	6,551	9,333	11,348	14,552	18,626
200000	3,951	4,504	5,852	7,603	11,103	15,819	19,234	24,664	31,570
300000	4,660	5,311	6,901	8,966	13,093	18,656	22,683	29,087	37,231
400000	5,235	5,967	7,753	10,073	14,710	20,960	25,483	32,678	41,828
500000	5,513	6,284	8,164	10,607	15,490	22,071	26,834	34,411	44,046

**2 ADULTS**

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,072	2,362	3,069	3,987	5,823	8,296	10,087	12,935	16,557
200000	3,512	4,003	5,201	6,758	9,869	14,061	17,097	21,923	28,062
300000	4,142	4,721	6,134	7,970	11,639	16,583	20,162	25,855	33,094
400000	4,653	5,304	6,892	8,954	13,076	18,631	22,652	29,047	37,181
500000	4,900	5,585	7,257	9,429	13,769	19,618	23,853	30,587	39,152

**2 ADULTS , 1  
CHILD**

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,331	2,657	3,452	4,486	6,551	9,333	11,348	14,552	18,626

200000	3,951	4,504	5,852	7,603	11,103	15,819	19,234	24,664	31,570
300000	4,660	5,311	6,901	8,966	13,093	18,656	22,683	29,087	37,231
400000	5,235	5,967	7,753	10,073	14,710	20,960	25,483	32,678	41,828
500000	5,513	6,284	8,164	10,607	15,490	22,071	26,834	34,411	44,046

**2 ADULTS , 3  
CHILDREN**

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,849	3,248	4,220	5,482	8,006	11,407	13,870	17,785	22,765
200000	4,829	5,505	7,152	9,292	13,570	19,334	23,508	30,145	38,585
300000	5,695	6,492	8,434	10,959	16,003	22,802	27,723	35,550	45,504
400000	6,398	7,293	9,476	12,312	17,979	25,617	31,146	39,940	51,123
500000	6,738	7,680	9,978	12,964	18,932	26,975	32,798	42,058	53,834

**Note:** The above stated premium (excluding Taxes) & policy coverage's, terms & conditions as per IRDA (Health Insurance Regulations are subject to revision from time to time but chargeable/implementable only at the time of renewal.

***This brochure provides only the salient features and for details kindly refers to the complete Policy wordings. For enquires kindly contact our nearest Bima Kendra LSC, SBU or Dial Toll Free No. 1800-103-5499 / 1800-345-3303 or visit our website [www.iffcotokio.co.in](http://www.iffcotokio.co.in)***

## Annexure– I “Geographical Zones”

### Zone A

S.No.	City
1	Greater Mumbai
2	Delhi
3	Kolkata
4	Chennai
5	Bangalore
6	Hyderabad
7	Ahmedabad
8	Pune
9	Surat
10	Jaipur

S.No.	City
11	Secundrabad
12	Kanpur
13	Lucknow
14	Nagpur
15	Ghaziabad
16	Indore
17	Coimbatore
18	Kochi
19	Patna
20	Kozhikode

S.No.	City
21	Bhopal
22	Gurgaon
23	Thrissur
24	Vadodara
25	Agra
26	Visakhapatnam
27	Malappuram
28	Thiruvananthapuram
29	Kannur
30	Ludhiana

S.No.	City
31	Nashik
32	Varanasi
33	Noida
34	Madurai
35	Meerut
36	Vijayawada
37	Faridabad
38	Rajkot
39	Jamshedpur
40	Jabalpur

S.No.	City
41	Srinagar
42	Asansol
43	Vasai-Virar
44	Chandigarh
45	Greater Noida
46	Dhanbad
47	Allahabad
48	Aurangabad
49	Amritsar
50	Jodhpur

S.No.	City
51	Ranchi
52	Raipur
53	Kollam
54	Gwalior
55	Durg-Bhilainagar
56	Tiruchirappalli
57	Kota

### Zone B

All cities not belonging to Zone A