IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Essential Health Protector	
2	Policy number		
3	Type of Insurance Product/ Policy	• Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4	Sum Insured (Basis) (Along with amount)	Rs.xxxxx(Floater or Individual)	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	**Expenses in respect of:** a) Admission in hospital beyond 24 hours (At our discretion, the hospitalisation more than 12 hours but less than 24 hours, except day care surgeries is payable, provided this treatment expense has been authorized by Us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner (doctor) treating the insured person(s). In such case(s) the room rent shall be limited to 50% of the entitled room rent per day. Further in such case(s) of less than 24 hours of hospitalization, no pre-hospitalization expenses will be allowed and post-hospitalization will be limited to a duration of 15 days from date of discharge)	**D(I) & D(III)6**
		b) Pre-hospitalisation (treatment prior to admission in hospital) of 60 days	**D(III) 3**
		c) Post-hospitalisation (treatment after discharge from hospital) within 90 days from date of discharge	**D(III) 3**
		d) Road Ambulance charges in connection with any admissible claim subject to a limit of Rs. 10,000 or actuals, whichever is less for each hospitalization.	**D(III)2**
		e)Specified/Listed procedures requiring less than 24 hours of hospitalisation (day care).List is available in Policy Wording(Annexure-"List of Day Care Procedures")	**D(III)5**
		f)Domiciliary Hospitalisation, if Medically Necessary and at Reasonable and Customary Charges, up to the Sum Insured.	**D(I)7**
		g)Daily cash benefit of 0.15% of Basic S.I.up to a maximum of Rs.1000 per day during admission in hospital.	**D(III) 1**
		h)Vaccination Expenses:7.5% of the total proportionate premium(excluding taxes) paid for last 2 policies at the end of every block of two years, provided no claim(s) is/are made in respect of the Insured Person(s) during that period of insurance	**D(III) 8**

		i) Emergency Assistance Services ✓ Medical consultation, evaluation and referral ✓ Emergency medical evacuation ✓ Medical repatriation ✓ Transportation to join patient ✓ Care and/or transportation of minor children ✓ Emergency message transmission ✓ Return of mortal remains ✓ Emergency cash coordination	**D(III) 10**
		j) Gender Reassignment Cover We shall indemnify the Reasonable and Customary Charges incurred for Gender Reassignment Surgery and associated hormonal and laser therapy for the Insured Person. **Limit of Liability** 50% of the Policy Basic Sum Insured maximum up to Rs.4 Lakhs (within the Policy Basic Sum Insured). Conditions Applicable a) A waiting period of continuous 24 months shall be applicable from the time the Insured Person is covered in this policy and renewed subsequently. b) After the waiting period of 24 months, this Coverage shall be available only in the Policy Year of Gender Reassignment Surgery. c) Once claimed, this coverage shall not be available in the subsequent policy years. d) Only one gender reassignment surgery during the lifetime of an Insured Person shall be covered. e) Any expenses on procedure or therapy to revert the changed gender shall not be covered. Exclusions Applicable Additional Benefits under the Policy (Daily Allowance, Road Ambulance Charges) shall not be payable for Gender Reassignment and associated hormonal and laser therapies.	**D(III)9**
		k)Wellness Services i. Value Added Services ✓ Cashless Telemedicine Consultation ✓ Discount on Services ii. Reward Programme	**D(III) 11**
		l) Cost of Health Check Up	**D(III)7**
		m) Add On Coverages i)OPD Cover for Essential Health Protector (UIN:IFFHLIA25036V012425)	**Add-on wordings**

		Reasonable and Customary Charges incurred within the Policy Period for OPD Consultation and/or associated Diagnostic Services pertaining to the Insured Person(s) up to the limit of liability mentioned against this Add-On for each policy year in the Policy Schedule. ii)Dental Cover for Essential Health Protector (UIN:IFFHLIA25037V012425) The Reasonable and Customary Charges incurred on acute treatment of a natural tooth or teeth or the services and supplies provided by a licensed dental practitioner, for the below mentioned services, up to the limit of liability mentioned against this Add-On for each policy year in the Policy Schedule. a) Root Canal Treatment (single or multiple sittings) b) Tooth extraction(s) c) Filling(s) d) Dental / oral treatment, procedures and preventive, restorative services related to disease, disorder and conditions related to natural teeth or tooth taken on outpatient basis. iii. Maternity Cover for Essential Health Protector (UIN:IFFHLIA25038V012425) Reasonable and Customary inpatient Maternity Expenses, up to the limit of liability mentioned against this Add-On.	
6	Exclusions (what the policy does not cover)	(I)STANDARD EXCLUSIONS i. Pre-Existing Diseases ii. First 30 Days Waiting Period iii. Specific Waiting Period iv. Cosmetic or plastic Surgery v. Rest Cure, rehabilitation and respite care vi. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. vii. Breach of law viii. Investigation & Evaluation ix. Maternity Expenses x. Sterility and Infertility xi. Unproven Treatments xii. Hazardous or Adventure sports xiii. Obesity/ Weight Control xiv. Excluded Providers xv. Refractive Error xvi. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. xvii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care	**E**

		procedure (II)SPECIFIC EXCUSIONS i. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. ii. 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. iii. Cost of spectacles and contact lens or hearing aids. iv. Dental treatment or surgery of any kind, unless requiring Hospitalization. v. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury. vi. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. vii. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim. viii. Any expense on procedure and treatment including acupressure, acupuncture and magnetic. ix. Expenses related to any treatment necessitated due to participation as a non-professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving x. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment. xi. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including ayah/ barber, cosmetics and napkins. xii. Pre-natal and post-natal expenses. xiii. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization. xiv. 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. xv. Any expense under Domiciliary Hospitalization for treatment of following Diseases: • Asthma • Bronchitis • Chronic Nephritis and Nephritic Syndrome • Diarrhea and all type of Dysenteries including Gastro-	

		enteritis • Diabetes Mellitus • Epilepsy • Hypertension • Influenza, Cough and Cold • Pyrexia of unknown origin for less than 15 days • Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis • Arthritis, Gout and Rheumatism • Dental Treatment or Surgery • Critical Illness - Cancer of Specified Severity, Coma of Specified Severity, Kidney Failure Requiring Regular Dialysis, Major Organ /Bone Marrow Transplant, Motor Neuron Disease With Permanent Symptoms, Multiple Sclerosis with Persisting Symptoms, Myocardial Infarction (First Heart Attack - Of Specified Severity), Open Chest CABG, Open Heart Replacement Or Repair Of Heart Valves, Permanent Paralysis Of Limbs, Stroke Resulting In Permanent Symptoms xvi. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis xvii. .Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy. xviii. Any other system of medicine/ treatment apart from Allopathy and AYUSH, unless recognized by the Central Government/Central Council of Indian Medicine or any other agency authorized by the Government of India. xix. Intra-articular injections xx. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner. xxi. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant. Exclusion specific for Gender Reassignment Cover - Additional Benefits under the Policy (Daily Allowance, Road Ambulance Charges) shall not be payable for Gender Reassignment and associated hormonal and laser therapies.	**D(III)9**
7	Waiting period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage.	a) Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) b) Specific waiting periods (Not applicable for claims arising due to an accident) : • 12 months for following diseases: i. Surgical treatment for Tonsillitis/ Adenoids ii. Tympanoplasty / Septoplasty iii. Fistula in anus, Anal Sinus, Piles iv. Any type of Carcinoma / Sarcoma/ Blood Cancer v. Varicose Veins / Varicose Ulcers vi. All types of Ligament Meniscus Tears	**E(I)2** **E(I)3**

		• 24 months for following diseases: i. Cataract, Benign Prostatic Hypertrophy, DUB ii. Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectamy iii. Hernia, Hydrocele iv. Sinusitis v. Gall Bladder, Billiary, Renal and Urinary Stones vi. Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident) vii. Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident) viii. Chronic Renal failure ix. Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump c) Pre-existing diseases: Covered after 36 months d) Any disease aggravated by Diabetes and/or Hypertension for a waiting period of 90 days. However, if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under Pre-Existing Diseases above and will be covered after 36 months of continuous coverages with Us. In case of portability, such waiting period shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. e) Gender Reassignment Cover-24 months	**E(I)1** **E(II)1** **D(III)9**
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: a) Road Ambulance Charges-Actuals max upto Rs.10,000 b) Modern Treatment Methods and Advancement in Technologies-50% of Sum Insured c) Home Care Treatment- 1% of Sum Insured maximum up to 10,000 /-, whichever is lower d) Room Rent • For Sum Insured below 10 Lakhs: I. In respect of class "A" cities, a limit of 1.50% of the sum insured on per day basis or actual, whichever is less. II. In respect of cities other than class "A" cities, a limit of 1.25% of the sum insured on per day basis or actual, whichever is less • For Sum Insured 10 Lakhs and above: A limit of 2% of the sum insured on per day basis or charges of a Single Standard Air Conditioned Room, whichever is less. e) Intensive Care Unit Expenses • For Sum Insured below 10 Lakhs: I. In respect of class "A" cities, a limit of 2.5% of the sum insured on per day basis or actual, whichever is less. II. In respect of other than class "A" cities, a limit of 2%of the sum insured on per day basis or actual, whichever is	D**(III)2** **D(III)4** **D(I)8** **D(I)1** **D(I)1**

		less; • For Sum Insured 10 Lakhs and above A limit of 3 % of the sum insured on per day basis or actual, whichever is less.	
		f) Disease wise Limits	**D(I)9**
		Treatment List: Expense Limit Per Year Cataract: a) For Basic SI 5L- <10L- Rs.50 k per eye; b) For Basic SI10L-<15L- Rs.75 k per eye; c) For Basic SI 15L and above - Rs.1 L per eye ENT Disorders: 10% of the Basic SI, up to Rs.1.5 L Treatment of Hernia and its immediate complications, including cost of implant: 10% of the Basic SI, upto Rs 1.5 L per site Hysterectomy: 10% of the Basic SI, upto Rs.2 L Piles, Hamerrhoidectomy, Fissure, Fistula, Sphincterectomy: 10% of the Basic SI, upto Rs.1.5 L Knee Ligament: 10% of the Basic SI, upto Rs.2 L Joint Replacement (including Implant): 20% of the Basic SI, upto Rs.3 L per replacement PIVD and all other spinal procedures: 20% of Basic SI, upto Rs.3 L	
		g) Gender Reassignment Cover- 50% of the Policy Basic Sum Insured maximum up to Rs.4 Lakhs (within the Policy Basic Sum Insured).	D**(III)9**
	ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	Co-pay of 10%,20% and 25% on each and every admissible claim, is applicable, if opted	**D(II)D**
	iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount	No deductible applicable	

	(if claim amount is more than the specified amount) iv. Any other limit (as applicable)	Not Applicable	

9	Claims/Claims Procedure	**a. Notification of Claim**	**F(15)**

Cashless	Reimbursement
The Insured Person must contact the Third Party Administrator/Us at least 48 hours before a planned Hospitalization. In an emergency situation We/ Third Party Administrator should be contacted within 24 hours of Hospitalization.	The Insured Person must report to us as soon as possible or within "a maximum of 24 hours of hospitalization, but in any case 12 hours prior to insured person(s)'s discharge from hospital/nursing home".

For more details refer below link
https://www.iffcotokio.co.in/claims/claim-procedure

Note:If We/ TPA seek any further clarification or documents in support of the claim, the same should provided along with all supporting documents within 15 days from the date of such requirement from Us/ TPA.

b. Procedure for Cashless claims:

(i) Treatment may be taken in a network provider and is subject to pre authorization by Us or Our authorized TPA.
(ii) Cashless request form available with the network provider and TPA shall be completed and sent to Us/TPA for authorization.
(iii) We/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
(iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
(v) We/ TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
(vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

c. Procedure for reimbursement of claims:
For reimbursement of claims the insured person may submit the necessary documents to Us/TPA(if applicable) within the prescribed time limit as specified hereunder.

Sl No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital

2.	Reimbursement of post hospitalization expenses	Within thirty days from completion of post hospitalization treatment		

Documents to be submitted:
The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
ii. Photo Identity proof of the patient
iii. Medical practitioner's prescription advising admission
iv. Original bills with itemized break-up
v. Original Payment receipts
vi. Pharmacy Bills (Original Only) with supporting prescriptions
vii. Discharge summary including complete medical history of the patient along with other details. (Photo Copy in case of claim for Pre/Post Hospitalization only)
viii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
ix. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
x. Sticker/Invoice of the Implants, wherever applicable.
xi. All previous treatment papers related to Ailment of last 3 years. (In some cases, we may ask for more than 3 years record if required)
xii. Copy/Copies of previous insurance policies if required (in case not provided earlier)
xiii. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
xiv. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
xv. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
xvi. CKYC number of the Policyholder (Pan Card and Identity Proof with Address) as per AML Guidelines
xvii. Identity Proof with Address Proof of the Insured Person with respect to whom, claim is reported.
xviii. Legal heir/succession certificate, wherever applicable
xix. Any other document if insured wants to furnish in support of the claim

Note:
1. We shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, We shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to Our satisfaction.

		3. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies). 4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person. **Turn Around Time (TAT)** for claims settlement: **i.** TAT for preauthorization of cashless facility 1 Hour from receipt of request **ii.** TAT for cashless final bill authorization: 3 Hours from receipt of discharge authorization request from the hospital. *Provide the details /web link for following:* i. Network Hospital Details:: https://www.iffcotokio.co.in/contact-us?tab=hospital ii. Helpline number 1800-103-5499 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.iffcotokio.co.in/contact-us?tab=hospital iv. Downloading/getting claim form https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf	
10	Policy Servicing	Call center number of the insurer 1800-103-5499 Details of Company officials	
11	Grievances/Complaints	Details of - Grievance Redressal Officer of the insurer Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 E-mail: chiefgrievanceofficer@iffcotokio.co.in - Insurance company grievance portal/ Department: https://www.iffcotokio.co.in/contactus/customer-services/grievanceredressal Mail ID- support@iffcotokio.co.in Toll free Number-1800-103-5499 - Ombudsman: https://www.cioins.co.in/Ombudsman	**F-39**

12	Things to remember	**Free Look cancellation:** You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy. You/the Insured Person shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the insured Person has not made any claim during the Free Look Period, the insured Person shall be entitled to i. A refund of the premium paid less any expenses incurred by Us on medical examination of the Insured Person and the stamp duty charges; 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 or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.	**F-11**
		Policy renewal: The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured Person, provided the product is not withdrawn and also subject to the following conditions: i. We shall send renewal notices to You,at least 30 days in advance from Policy due date. ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years iii. Request for renewal along with requisite premium shall be received by Us before the end of the policy period iv. 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. v.Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured. vi. No loading shall apply on renewals based on individual claims experience.	**F-17**
		Migration and Portability: **Migration** You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the Policy atleast 30 days before the policy renewal date. If You/Insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below: i. The waiting periods specified in Section E, (I) Point No-1,2 and 3 of	**F-7**

		Policy Wording shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus(as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured. iii. Moratorium Period We may underwrite your migration proposal, in case Insured Person is not continuously covered for 36 months. **Portability** You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. If You/ Insured Person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under: i. The waiting periods specified in Section E,(I) Point No-1,2 and 3 of Policy Wording shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured. iii. Moratorium Period **Change in Sum Insured:** Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	**F-8** **F-28** **F-9**
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Material Information includes: i. Any change in health condition may/may not needing an active line of treatment. ii. Any change in Demographic Details	**F-1**

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:
Date: (Signature of the Policyholder)

To access your CIS,please login into your account in our website:
https://www.iffcotokio.co.in/

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.