



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Individual Medishield Insurance Policy

UIN: IFFHLIP21329V032021

PROSPECTUS

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.

Claim is directly serviced by IFFCO TOKIO without any Third party administrator.

SALIENT FEATURES:

- ✓ **Complete Freedom: Choose the way you want:**
 - **Term** – One year
 - **Sum Insured Options** – 50,000 (Fifty Thousand) - 5 (five) Lakhs with multiples of 50,000/- (Fifty Thousand)
 - **Lifelong renewal (if renewed without break)**
- ✓ **Income Tax benefits** under Section 80D.
- ✓ **Cashless claim facility** available at over 4000 network hospitals across India.
- ✓ **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.
- ✓ **EMERGENCY ASSISTANCE SERVICES** at no additional cost. We provide you with special assistance when You are traveling within India 150 kilometers or more away from your home.
- ✓ **Portability:** You can switch from any other similar policy of any other insurer to our policy and protect your continuity benefit as per IRDAI Guidelines.

WHO ARE ELIGIBLE TO TAKE THIS POLICY?

Entry Age under the policy: 18 to 65 years. Dependent Children above 91 days can be covered when one of the parents is also covered.

Renewable Age: Policy shall ordinarily be renewable without any age restriction, except on grounds of fraud or misrepresentation by the insured, if it is renewed without any break

WHO ALL CAN BE COVERED UNDER THIS POLICY?

The policy covers the members of the family consisting of you, your spouse, dependent children upto the age of 23 yrs. and dependant parents on individual Sum Insured basis.

What is Covered?

Basic Cover

If the Insured Person sustains any Injury or contracts any Disease and if Medically necessary, he/she has to incur Hospitalization expenses, then We will pay Reasonable and Customary Charges of the following Hospitalization expenses:

1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits for
 - a) Sub limit per day for normal Room expenses for
 - i) Sum Insured less than 3 Lakhs: 1.0% of Basic Sum Insured.
 - ii) Sum Insured 3 Lakhs and above: As per Actuals
 - b) Sub limit per day for Intensive Care/Therapeutic Unit expenses for

- i) Sum Insured less than 3 Lakhs: 2.5% of Basic Sum Insured.
 - ii) Sum Insured 3 Lakhs and above: As per Actuals
- c) Service Charges and Surcharge of Hospital / Nursing Home: Actuals subject to a maximum of 0.5% of Basic Sum Insured.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline).
 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organ and similar expenses.
 4. The above stated relevant expenses incurred for Domiciliary Hospitalization is Medically Necessary and at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured.
 5. An additional Daily Allowance amount equivalent to 0.1% of the Basic Sum Insured or Rs. 250/- per day whichever is less, for the duration of Hospitalization towards defraying of miscellaneous expenses.
 6. Ambulance charges in connection with any admissible claim limited to 1.0% of the Basic Sum Insured or Rupees 1500/- whichever is less for each claim.
 7. AYUSH hospitalization expenses including Pre- Hospitalization and Post Hospitalization expenses shall be limited to 10% of the Basic Sum Insured of the Insured person per year.

Note

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.
2. 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 overall Sum Insured (Basic plus Optional Extension, if applicable) of the Insured Person. For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalization expenses and Daily Allowance.
3. Pre-Hospitalization and Post Hospitalization expenses for 60 days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured (Basic plus Optional Extension, if applicable) limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed and is Medically Necessary for the duration specified.
4. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursing, Domiciliary Hospitalization, Daily Allowance and Ambulance charges as detailed under Item (1), (4), (5), (6) and (7) above, the specified percentages will be applied on the Basic Sum Insured only and not on the Cumulative Bonus amount or Optional Extension (Critical Illness) Sum Insured amount.
5. Cumulative Bonus: The Basic Sum Insured under the Policy shall be increased by 5% of the Basic Sum Insured at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Insured Person's Basic Sum Insured of the expiring Policy. The Optional Extension (Critical Illness) Sum Insured is not eligible for any Cumulative Bonus
For Cumulative Bonus eligibility, the Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the entire Cumulative Bonus earned will lapse and be forfeited. Any Medishield Insurance cover thereafter will be treated as a fresh cover for the purposes of the Pre-existing Condition, 30 days Waiting Period and First Year Disease Exclusions. In case of a claim under the Policy in respect of any Insured Person who has earned Cumulative Bonus, the existing Cumulative Bonus will be reduced by 5% of Basic Sum Insured at the next renewal, subject to the stipulation that Basic Sum Insured shall be maintained.
6. Cost of Health Check Up: Insured Person shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim-free years with us in the subsequent renewal.

The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free years.

7. The amounts payable under Item (2) and (3) of 'What is Covered' shall be at the rate applicable to the entitled room category. In case You opt for a room with expenses higher than the entitled category as under 1(a), the associated medical expenses payable under (2) and (3) (except costs of pharmacy & covered consumables, implants & medical devices and cost of diagnostics provided by the Hospital) shall be limited to the charges applicable to the entitled category or (where the charges applicable are not specified) in the same proportion as the charges applicable for entitled room category bears to charges applicable for higher room category.
8. Day care Treatment- Day care medical will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours. (Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)
9. Modern Treatment Methods And Advancement In Technologies:
The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:
 - A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 - B. Balloon Sinuplasty
 - C. Deep Brain stimulation
 - D. Oral chemotherapy
 - E. Immunotherapy- Monoclonal Antibody to be given as injection
 - F. Intra vitreal injections
 - G. Robotic surgeries
 - H. Stereotactic radio surgeries
 - I. Bronchial Thermoplasty
 - J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - K. IONM - (Intra Operative Neuro Monitoring)
 - L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Important Exclusions

We will not pay for:

1. Pre-Existing Diseases(Code- Excl01)

- i. 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 us.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- iv. 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 us.

2. First Thirty Days Waiting Period(Code- Excl03)

- i. 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.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. Specific Waiting Period: (Code- Excl02)

- i. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. 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.
- iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- v. 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.
- vi. List of specific diseases/procedures
 - a) Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
 - b) Hernia, Hydrocele, Congenital Internal Disease.
 - c) Fistula in anus, Piles, Sinusitis
 - d) Cholelithiasis and Cholecystectomy

- 4. 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

- 5. 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.

6. Cosmetic or plastic Surgery: Code- Excl08

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

- 7. Cost of spectacles and contact lens or hearing aids.

- 8. Dental treatment or surgery of any kind, unless requiring Hospitalization.

9. 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.
- 10. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12**
11. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
- 12. Investigation & Evaluation(Code- Excl04)**
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- 13. Maternity Expenses (Code - Excl 18):**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 14. Sterility and Infertility: (Code- Excl17)**

Expenses related to sterility and infertility. This includes:

 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
15. 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:
 - a. 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.
16. Any expense on treatment of Insured Person as outpatient in a Hospital.
- 17. Unproven Treatments: Code- Excl16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness

18. Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies.

19. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a 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

20. 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

21. 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.

22. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including aya, barber, cosmetics and napkins

23. 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

24. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

25. Travel or transportation expenses, other than Ambulance service charges

26. Pre-natal and post-natal expenses.

27. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.

28. 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.
29. Any expense under Domiciliary Hospitalization for the 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
30. **Excluded Providers: Code- Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the policyholders are not admissible. However, in case of life threatening situations **or** following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)
31. **Refractive Error: Code- Excl15:**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
32. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis
33. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EEC (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy
34. Intra-articular injections.
35. **Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent
36. 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. **Code- Excl13**

37. 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 procedure. **Code- Excl14**

Higher Sum Insured for Critical Illness

Higher sum insured for critical illness to cover expenses (as listed in Basic Cover) related to following Critical Illnesses:

- (i) Cancer of specified severity
- (ii) Coma Of Specified Severity
- (iii) End Stage Liver Failure
- (iv) Kidney Failure Requiring Regular Dialysis
- (v) Third Degree Burns
- (vi) Major Injuries
- (vii) Major Organ /Bone Marrow Transplant
- (viii) Motor Neurone Disease with Permanent Symptoms
- (ix) Multiple Sclerosis With Persisting Symptoms
- (x) Myocardial Infarction (First Heart Attack - Of Specified Severity)
- (xi) Open Chest CABG
- (xii) Open Heart Replacement Or Repair Of Heart Valves
- (xiii) Permanent Paralysis Of Limbs
- (xiv) Stroke Resulting In Permanent Symptoms

As per this extension, the Basic Cover Sum Insured will be doubled for the aforesaid Critical Illness claims, for which an additional 30% (thirty percent) of the Basic Cover premium is chargeable.

Medical Check Up

- ✓ No Medical test required till the age of 45 years
- a) For an individual in age group of completed 46 (forty-six) years and above to 55 (fifty-five) years following Medical checkup is required:
 - 1. Blood Sugar (PP & Fasting)
 - 2. ECG with Doctors report
 - 3. Physical fitness certificate
- b) For an individual in age group of 56 (fifty-six) years and above following Medical checkup is required:
 - 1. Lipid profile
 - 2. Kidney Function Test
 - 3. Reports as per tests defined under (a)
 - 4. Any other test at the discretion of the underwriter

In event of acceptance of proposal, 50% (fifty percent) cost of medical check-up will be reimbursed to you.

- ✓ In case of increase in basic Sum Insured more than 10% (ten percent) of last year basic Sum Insured at the time of renewal, subject to certain medical check-up required.
- ✓ The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

- 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 the Company 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. No loading shall apply on renewals based on individual claims experience.

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 as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Portability

You/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 as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Free Lookup Period

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 shall be allowed a period of fifteen 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 has not made any claim during the Free Look Period, the insured 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.

Cancellation

- a) You/the Policy holder may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

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 six months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by any Insured person under the Policy.

- b) We may cancel the Policy at any time on grounds of mis-representation, 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 mis-representation, non-disclosure of material facts or fraud.

Possibility of Revision of Terms of the Policy Including the Premium Rates

We, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

Withdrawal of Policy

- In the likelihood of this product being withdrawn in future, We will intimate You/the insured person about the same 90 days prior to expiry of the policy.
- You/ Insured Person will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the insured person or by your/his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which You/the insured person do/does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

Discounts

1) FAMILY DISCOUNT:

A Family Discount on total premium is permissible as per the following scale depending upon the total number of insured persons covered under the policy at inception of the cover. Increase/decrease in size of the family during the currency of the policy is permissible; however, there will not be any adjustment of discounts during the currency of policy.

- a) 2 (two) Family Members --5% (five percent) discount on total premium (Basic Cover Plus Higher Sum Insured for Critical Illness)
- b) 3 (three) and more Family Members --10% (ten percent) discount on total premium (Basic Cover Plus Higher Sum Insured for Critical Illness)

2) 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 Individual Medishield	Discount
Rs.4 (Four) lakh and above	10% (ten percent)

- 3) 10% (ten percent) discount in policy premium for all customers holding any other insurance policy of IFFCO TOKIO.
- 4) 20% (twenty percent) discount for all employees of IFFCO TOKIO.
- 5) 10% (ten percent) discount in policy premium is permitted for all customers who buy policy directly through IFFCO-TOKIO website.

Note: All the above mentioned discounts are on cumulative basis and cannot exceed a total of 25% (twenty-five) percent.

Premium

Basic cover

Depending upon the age of the insured person(s) and sum insured for that person.

Individual Medishield Insurance Base Price Chart

PREMIUM BASE RATE TABLE									Amount in Rs.	
AGE/SI	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
3months to 25	1,864	2,228	2,627	3,057	3,508	3,972	4,436	4,888	5,313	5,696
26 to 35	2,499	2,988	3,524	4,100	4,705	5,327	5,950	6,555	7,125	7,640
36 to 45	3,072	3,673	4,332	5,039	5,784	6,548	7,313	8,058	8,758	9,391
46 to 55	4,718	5,640	6,652	7,738	8,881	10,055	11,230	12,374	13,449	14,421
56 to 65	6,396	7,646	9,017	10,491	12,040	13,632	15,225	16,775	18,233	19,550
66 to 70	9,996	11,950	14,093	16,396	18,818	21,305	23,795	26,218	28,496	30,555
71 to 75	11,877	14,199	16,745	19,481	22,358	25,314	28,273	31,151	33,858	36,304
76 to 80	15,092	18,042	21,277	24,754	28,410	32,165	35,925	39,582	43,022	46,130
81 to 85	15,263	18,247	21,519	25,035	28,732	32,530	36,333	40,031	43,511	46,653
86 to 90	15,850	18,948	22,347	25,998	29,838	33,782	37,730	41,571	45,184	48,448
91 to 95	16,437	19,650	23,174	26,961	30,943	35,033	39,128	43,111	46,858	50,242

Rates (in Rs) are exclusive of Taxes

Premium for Critical Illness cover will be at additional 30% of Base rate.

PREMIUM BASE RATE TABLE FOR CRITICAL ILLNESS									Amount in Rs.	
AGE/SI	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
3months to 25	2,423	2,896	3,416	3,974	4,561	5,163	5,767	6,354	6,906	7,405
26 to 35	3,249	3,884	4,581	5,330	6,117	6,925	7,735	8,522	9,263	9,932
36 to 45	3,994	4,775	5,631	6,551	7,519	8,513	9,508	10,475	11,386	12,208
46 to 55	6,133	7,332	8,647	10,060	11,546	13,072	14,600	16,086	17,484	18,747
56 to 65	8,315	9,940	11,723	13,638	15,652	17,721	19,793	21,808	23,703	25,415
66 to 70	12,995	15,535	18,321	21,315	24,463	27,697	30,934	34,083	37,045	39,721
71 to 75	15,440	18,458	21,769	25,326	29,066	32,908	36,754	40,496	44,016	47,195
76 to 80	19,619	23,455	27,661	32,181	36,933	41,815	46,703	51,457	55,929	59,969
81 to 85	19,842	23,721	27,975	32,546	37,352	42,289	47,233	52,041	56,564	60,650
86 to 90	20,605	24,633	29,051	33,797	38,789	43,916	49,049	54,042	58,739	62,982
91 to 95	21,368	25,545	30,126	35,049	40,225	45,542	50,866	56,044	60,915	65,315

Rates (in Rs) are exclusive of Taxes

Note: The above stated premium & 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 office or Dial Toll Free No. 1800-103-5499 or visit our website www.iffcotokio.co.in

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.

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