



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Swasthya Kavach (Family Health) Policy

UIN: IFFHLIP21325V032021

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. The Policy covers the members of the Family consisting of you, your spouse and 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.

Additional optional cover of Critical illness is also provided to the Family under a single sum insured on floater basis. 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 and is available under two plans viz. Base Plan and Wider Plan.

AGE LIMIT:

This insurance is available to persons between the age of 18 years and 65 years. 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: Sum Insured range available from 1(One) lakh to 5 (Five) 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.

Higher Sum Insured for Critical Illness

Higher sum insured for critical illness to cover expenses related to following Critical Illnesses:

1. Cancer of specified severity
2. Coma of Specified Severity
3. End Stage Liver Disease
4. Kidney Failure Requiring Regular Dialysis
5. Major Injuries
6. Major Organ /Bone Marrow Transplant
7. Multiple Sclerosis with Persisting Symptoms
8. Open Chest CABG
9. Third Degree Burns
10. 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.

Note

- a) 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 sub-limits applicable to the Insured Person within the Sum Insured.

LIMITS OF LIABILITY:

S.No.	Nature of Expense	Limits
1.	Hospitalization Stay	
(a)	Room, Boarding & Nursing (Normal room)	Base Plan: 1.0% of Basic Sum Insured per day for Sum Insured upto 2 Lakh Wider Plan: 1.5% of Basic Sum Insured per day for SI upto 2 Lakh For SI 3 Lakh and above, As per actual.
(b)	Room, Boarding & Nursing (ICU/ITU)	Base Plan: 2.0% of Basic Sum Insured per day for Sum Insured upto 2 Lakh

		Wider Plan: 2.5% of Basic Sum Insured per day for Sum Insured upto 2 Lakh For SI 3 Lakh and above, As per actual.
(c)	Service Charges of Hospital/Nursing Home	Both Plans: Actual within overall limit of Sum Insured
2	Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline)	Both Plans: Actual within the overall limit of Sum Insured
3	Anaesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.	Both Plans : Actual within the overall limit of Sum Insured
4.	Domiciliary Hospitalization Treatment	Both Plans : 20% of Basic Sum Insured
5.	Daily Allowance for actual Hospitalization period	Base Plan: Rs.150/- per day of Hospitalization. Wider Plan: Rs.250/- per day of Hospitalization
6.	Ambulance Charges	Base Plan: Actual subject to max of Rs. 750/- Wider Plan : Actual subject to max of Rs.1500/-.
7.	Package Charges for Treatment	Both Plans: 80% of the Sum Insured (Basic plus Optional Extension, if applicable) or Actual whichever is less
8.	Treatment of person donating an organ	Actual subject to limits under Items (1) to (3) within the overall Sum Insured of the Insured Person.
9	Pre-Hospitalization expenses for 30 days each including approved home nursing approved by Medical Practitioner	Both Plans : Actual subject to overall limit of Sum Insured
10	Post Hospitalization Expenses	For <u>BASE PLAN</u>: 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. For <u>WIDER PLAN</u>: means relevant medical expenses incurred up to 60 days after Hospitalization on Disease/illness/ Injury sustained, which will be part of Hospitalization expenses claim
11	Cost of Health Check-up	Only with Wider Plan : 1% of the average Basic Sum Insured at the end of every block of 4 consecutive claim free years in the subsequent renewal.

12	Day Care Procedures	Both Plans : 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.)																		
13	Cumulative Bonus	Only with Wider Plan: On renewal before the expiry of the Policy or within the Grace Period of 30 days, 5% of the Individual Basic Sum Insured of the expiring Policy is enhanced for every claim free year. In case of lapse on renewal all cumulative bonus is lost. In case of claim under the Policy and on renewal before the expiry of the Policy or within the Grace Period of 30 days 5% of Basic Sum Insured of the expiring Policy will get reduced.																		
14	Expense Limit per Claim	<p>For Base Plan only</p> <p style="text-align: center;">LIST OF TREATMENTS</p> <table border="1" data-bbox="762 882 1401 1675"> <thead> <tr> <th data-bbox="762 882 858 954">Serial No</th> <th data-bbox="858 882 1134 954">Treatment List</th> <th data-bbox="1134 882 1401 954">Expense Limit Per Claim</th> </tr> </thead> <tbody> <tr> <td data-bbox="762 954 858 1099">A</td> <td data-bbox="858 954 1134 1099">Cataract</td> <td data-bbox="1134 954 1401 1099">7.5% of the Sum Insured subject to maximum of Rs 15,000/-</td> </tr> <tr> <td data-bbox="762 1099 858 1245">B</td> <td data-bbox="858 1099 1134 1245">Piles, Fistula, Fissure, Tonsillitis, Sinusitis</td> <td data-bbox="1134 1099 1401 1245">10% of the Sum Insured subject to maximum of Rs 30,000/-</td> </tr> <tr> <td data-bbox="762 1245 858 1391">C</td> <td data-bbox="858 1245 1134 1391">Benign Prostatic Hypertrophy, Hernia</td> <td data-bbox="1134 1245 1401 1391">20% of the Sum Insured subject to maximum of Rs 50,000/-</td> </tr> <tr> <td data-bbox="762 1391 858 1536">D</td> <td data-bbox="858 1391 1134 1536">Knee/Hip Joint replacement, Cancer, renal failure</td> <td data-bbox="1134 1391 1401 1536">50% of the Sum Insured subject to maximum of Rs 2,00,000/-</td> </tr> <tr> <td data-bbox="762 1536 858 1675">E</td> <td data-bbox="858 1536 1134 1675">Appendicitis, Gall Bladder stones and Hysterectomy</td> <td data-bbox="1134 1536 1401 1675">15% of the Sum Insured subject to maximum of Rs 40,000/-</td> </tr> </tbody> </table>	Serial No	Treatment List	Expense Limit Per Claim	A	Cataract	7.5% of the Sum Insured subject to maximum of Rs 15,000/-	B	Piles, Fistula, Fissure, Tonsillitis, Sinusitis	10% of the Sum Insured subject to maximum of Rs 30,000/-	C	Benign Prostatic Hypertrophy, Hernia	20% of the Sum Insured subject to maximum of Rs 50,000/-	D	Knee/Hip Joint replacement, Cancer, renal failure	50% of the Sum Insured subject to maximum of Rs 2,00,000/-	E	Appendicitis, Gall Bladder stones and Hysterectomy	15% of the Sum Insured subject to maximum of Rs 40,000/-
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15.	AYUSH Hospitalization	Covered within Sum insured																		

Additional Coverage under Wider Plan

- Cumulative Bonus of 5% on every claim free year subject to maximum of 50%. It shall be reduced by 5 % on each claim year subject to Basic Sum Insured being maintained.
- Health check up for Family after every block of 4 claim free years in the subsequent renewal.
- Additional floater Critical Illness Sum Insured covering whole family. (Optional)

Hospitalization for Critical Illness, an Optional Extension providing additional coverage for major diseases such as Coronary Artery Disease, Renal Failure, Paralytic Stroke, Cancer, Major Organ Transplantation and Injuries leading to loss of limb(s) on payment of additional premium over and above the basic Cover premium. The coverage is again on floater basis and claim is settled on reimbursement basis.

Common Exclusions under Base Plan and Wider Plan

WE will not pay for

1. Pre-Existing Diseases(Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 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)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 / 24 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.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures

i. 12 Months waiting period

- (i) Tonsillitis/ Adenoids
- (ii) Gastric or Duodenal Ulcer
- (iii) Any type of Cyst/ Nodules/ Polyps
- (iv) Any type of Breast lumps.

ii. 24 Months waiting period

- (i) Cataract, Benign Prostatic Hypertrophy,
- (ii) Hysterectomy for Menorrhagia or Fibromyoma
- (iii) Hernia, Hydrocele
- (iv) Fistula in anus, Piles, Sinusitis
- (v) Cholelithiasis 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

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. 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

12. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury

1.

13. 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.

14. 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

15. 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

16. 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.

17. Any expense on treatment of Insured Person as outpatient in a Hospital.

18. 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

19. Any expense on procedure and treatment including acupressure, acupuncture and magnetic.
20. **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
21. 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
22. 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.
23. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including ayah/ barber, cosmetics and napkins..
24. **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
25. **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.
26. Travel or transportation expenses, other than Ambulance service charges.
27. Pre-natal and post-natal expenses.
28. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
29. 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.

30. Any expense under Domiciliary Hospitalization for

Treatment of following Diseases:

- (i) Asthma
- (ii) Bronchitis
- (iii) Chronic Nephritis and Nephritic Syndrome
- (iv) Diarrhea 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

31. **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.)

32. **Refractive Error: Code- Excl15:** - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

33. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis. .

34. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EEC (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.

35. Intra-articular injections.

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**

Additional Exclusions under Wider Plan

- During the first two continuous years of the Policy, the expenses on treatment of diseases such as Renal Failure, Heart Diseases, any type of Carcinoma/Sarcoma/Blood Cancer.

Benefits under the Policy

This Policy provides You, at no additional cost, whatsoever, a host of value added Emergency Medical Assistance and Emergency Personal Services as described below:

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:

Remaining number of days of the
policy
(calculated from the date of

$$\text{Reinstatement Premium} = \left[\frac{(\text{Annual Premium} \times \text{Claim Amount})}{\text{Total Basic Sum Insured}} \right] \times \frac{\text{admission in the hospital}}{365}$$

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

h) The reinstatement of sum insured will not be available for Critical illness extension and cumulative bonus.

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.

Premium and Sum Insured

The cover is provided under two Plans viz.

- i) Base Plan and
- ii) Wider Plan with two options viz. 1) Basic Cover and 2) Basic Cover + Critical illness

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.
- Under **Wider Plan** there is provision for Cumulative Bonus Whereby Basic Sum Insured gets enhanced by 5% each year on renewal (maximum 50%) subject to no claims being lodged under the Policy.
- 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 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

- i. 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.
- ii. 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) 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 Kavach Policy	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: BASE PLAN

2 ADULTS, 2 CHILDREN

Amount in Rs

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	4317	4921	6393	8307	12131	17284	21014	26948	34493
200000	7317	8340	10836	14079	20560	29295	35618	45674	58462
300000	8629	9836	12779	16604	24247	34548	42005	53864	68946
400000	9695	11050	14357	18654	27241	38814	47192	60515	77460
500000	10209	11636	15119	19643	28686	40872	49694	63724	81566

1 ADULT , 1 CHILD

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	3022	3445	4475	5815	8491	12099	14710	18863	24145
200000	5122	5838	7585	9855	14392	20506	24932	31972	40924
300000	6040	6885	8946	11623	16973	24183	29403	37705	48262
400000	6786	7735	10050	13058	19069	27170	33034	42361	54222

500000	7146	8145	10583	13750	20080	28610	34785	44607	57096
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1 ADULT , 2 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	3454	3937	5115	6645	9704	13827	16812	21558	27594
200000	5854	6672	8669	11263	16448	23436	28494	36539	46770
300000	6903	7869	10224	13283	19398	27638	33604	43091	55157
400000	7756	8840	11486	14923	21793	31051	37753	48412	61968
500000	8167	9309	12095	15714	22948	32697	39755	50979	65253

1 ADULT , 3 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	3885	4429	5754	7476	10918	15555	18913	24253	31044
200000	6585	7506	9753	12671	18504	26365	32056	41106	52616
300000	7766	8852	11501	14943	21822	31093	37804	48478	62051
400000	8725	9945	12922	16789	24517	34933	42472	54464	69714
500000	9188	10473	13607	17679	25817	36784	44724	57351	73409

2 ADULTS

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	3454	3937	5115	6645	9704	13827	16812	21558	27594
200000	5854	6672	8669	11263	16448	23436	28494	36539	46770
300000	6903	7869	10224	13283	19398	27638	33604	43091	55157
400000	7756	8840	11486	14923	21793	31051	37753	48412	61968

500000	8167	9309	12095	15714	22948	32697	39755	50979	65253
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2 ADULTS , 1 CHILD

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	3885	4429	5754	7476	10918	15555	18913	24253	31044
200000	6585	7506	9753	12671	18504	26365	32056	41106	52616
300000	7766	8852	11501	14943	21822	31093	37804	48478	62051
400000	8725	9945	12922	16789	24517	34933	42472	54464	69714
500000	9188	10473	13607	17679	25817	36784	44724	57351	73409

2 ADULTS , 3 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	4749	5413	7033	9137	13344	19012	23116	29642	37942
200000	8049	9174	11920	15487	22616	32224	39180	50241	64309
300000	9492	10819	14057	18264	26672	38003	46205	59250	75840
400000	10664	12156	15793	20520	29966	42695	51911	66567	85205
500000	11229	12800	16630	21607	31554	44959	54663	70096	89723

2. PREMIUM TABLE : WIDER PLAN

2 ADULTS, 2 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	5180	5905	7672	9968	14557	20741	25217	32337	41391
200000	8780	10008	13004	16895	24672	35154	42741	54809	70155
300000	10355	11803	15335	19925	29097	41457	50406	64637	82735

400000	11634	13261	17229	22385	32690	46577	56630	72619	92951
500000	12250	13964	18142	23572	34423	49046	59632	76468	97879

1 ADULT , 1 CHILD

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	3626	4133	5370	6978	10190	14518	17652	22636	28974
200000	6146	7006	9102	11826	17271	24608	29919	38366	49108
300000	7248	8262	10735	13947	20368	29020	35284	45246	57914
400000	8144	9282	12060	15669	22883	32604	39641	50833	65066
500000	8575	9774	12700	16500	24096	34332	41743	53528	68515

1 ADULT , 2 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	4144	4724	6138	7974	11645	16593	20174	25870	33113
200000	7024	8007	10403	13516	19738	28123	34193	43847	56124
300000	8284	9442	12268	15940	23277	33166	40324	51709	66188
400000	9307	10608	13783	17908	26152	37261	45304	58095	74361
500000	9800	11171	14514	18857	27538	39237	47706	61175	78303

1 ADULT , 3 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	4662	5314	6905	8971	13101	18667	22696	29103	37252
200000	7902	9008	11703	15205	22205	31638	38467	49328	63139
300000	9319	10623	13802	17932	26187	37312	45365	58173	74461
400000	10470	11935	15506	20146	29421	41919	50967	65357	83656

500000	11025	12567	16328	21215	30980	44141	53669	68822	88091
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2 ADULTS

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	4144	4724	6138	7974	11645	16593	20174	25870	33113
200000	7024	8007	10403	13516	19738	28123	34193	43847	56124
300000	8284	9442	12268	15940	23277	33166	40324	51709	66188
400000	9307	10608	13783	17908	26152	37261	45304	58095	74361
500000	9800	11171	14514	18857	27538	39237	47706	61175	78303

2 ADULTS , 1CHILD

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	4662	5314	6905	8971	13101	18667	22696	29103	37252
200000	7902	9008	11703	15205	22205	31638	38467	49328	63139
300000	9319	10623	13802	17932	26187	37312	45365	58173	74461
400000	10470	11935	15506	20146	29421	41919	50967	65357	83656
500000	11025	12567	16328	21215	30980	44141	53669	68822	88091

2 ADULTS , 3 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	5698	6495	8439	10965	16012	22815	27739	35571	45530
200000	9658	11009	14304	18584	27140	38669	47015	60289	77170
300000	11390	12983	16869	21917	32006	45603	55446	71100	91008
400000	12797	14587	18952	24623	35959	51234	62293	79880	102247
500000	13475	15360	19957	25929	37865	53951	65595	84115	107667

3. PREMIUM TABLE : WIDER + CRITICAL PLAN

2 ADULTS, 2 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	6476	7381	9590	12460	18196	25926	31522	40421	51739
200000	10976	12510	16254	21119	30841	43942	53427	68511	87694
300000	12944	14754	19169	24906	36371	51822	63007	80796	103419
400000	14542	16576	21536	27981	40862	58221	70787	90773	116189
500000	15313	17454	22678	29465	43028	61307	74540	95585	122349

1 ADULT , 1 CHILD

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	4533	5167	6713	8722	12737	18148	22065	28295	36217
200000	7683	8757	11378	14783	21588	30759	37399	47958	61385
300000	9061	10328	13418	17434	25460	36275	44105	56557	72393
400000	10179	11603	15075	19587	28603	40755	49551	63541	81333
500000	10719	12218	15875	20625	30120	42915	52178	66910	85644

1 ADULT , 2 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	5180	5905	7672	9968	14557	20741	25217	32337	41391
200000	8780	10008	13004	16895	24672	35154	42741	54809	70155
300000	10355	11803	15335	19925	29097	41457	50406	64637	82735
400000	11634	13261	17229	22385	32690	46577	56630	72619	92951
500000	12250	13964	18142	23572	34423	49046	59632	76468	97879

1 ADULT , 3 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	5828	6643	8631	11214	16376	23333	28370	36379	46565
200000	9878	11259	14629	19007	27756	39548	48084	61660	78924
300000	11649	13278	17252	22415	32734	46640	56706	72716	93077
400000	13088	14918	19383	25183	36776	52399	63709	81696	104570
500000	13782	15709	20410	26518	38726	55177	67086	86027	110114

2 ADULTS

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	5180	5905	7672	9968	14557	20741	25217	32337	41391
200000	8780	10008	13004	16895	24672	35154	42741	54809	70155
300000	10355	11803	15335	19925	29097	41457	50406	64637	82735
400000	11634	13261	17229	22385	32690	46577	56630	72619	92951
500000	12250	13964	18142	23572	34423	49046	59632	76468	97879

2 ADULTS , 1CHILD

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	5828	6643	8631	11214	16376	23333	28370	36379	46565
200000	9878	11259	14629	19007	27756	39548	48084	61660	78924
300000	11649	13278	17252	22415	32734	46640	56706	72716	93077
400000	13088	14918	19383	25183	36776	52399	63709	81696	104570
500000	13782	15709	20410	26518	38726	55177	67086	86027	110114

2 ADULTS , 3 CHILDREN

	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	7123	8119	10549	13706	20015	28518	34674	44463	56913
200000	12073	13762	17880	23231	33925	48336	58769	75362	96463
300000	14238	16229	21086	27396	40008	57004	69308	88876	113760
400000	15996	18233	23690	30779	44948	64043	77866	99850	127808
500000	16844	19200	24946	32411	47331	67438	81994	105144	134584

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 office or Dial Toll Free No. 1800-103-5499 or visit our website www.iffcotokio.co.in