



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Corona Kavach Policy, IFFCO-Tokio General Insurance Company Limited

UIN: IFFHLIP21081V012021

Prospectus

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of Covid at a Hospital or given Home Care Treatment following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify medically necessary expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during the Policy Period shall be the Sum Insured (Individual or Floater) opted and specified in the Schedule.

Base Cover:

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

1. Covid Hospitalization Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
- v. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:

Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

2. Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.

e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

3. AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses.

4. Pre Hospitalization

The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

5. Post Hospitalization

The company shall indemnify post hospitalization//home care treatment medical expenses incurred, related to an admissible hospitalization//home care treatment, for a fixed period of 30days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

6. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

Optional cover:

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted

Hospital Daily Cash: The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section- 4.1 Hospitalization Cover. The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The total amount payable in respect of Covers 4.1,4.2, 4.3,4.4,4.5, 5.1, shall not exceed 100% of the Sum Insured during a policy period.

Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

First Fifteen Days Waiting Period - Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation(Code- Excl04)

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

2. Rest Cure, rehabilitation and respite care (Code- Excl05)

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.

3. 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 Home care treatment.

4. Unproven Treatments:

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. However, treatment authorized by the government for the treatment of COVID shall be covered.

5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.

6. Any expenses incurred on Day Care treatment and OPD treatment

7. Diagnosis /Treatment outside the geographical limits of India

8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

9. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

GENERAL TERMS & CONDITIONS

1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such

information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

4. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

6. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

7. Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

8. 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 shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy 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.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- (a) the suggestion, as a fact of that which is not true and which the Insured Person 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

The company shall not repudiate the policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

9. Cancellation

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

10. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

11. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

12. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

13. Endorsements (Changes in Policy)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any).

14. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

15. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy

Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

TABLE OF BENEFITS

Name	Covid Standard Health Policy, IFFCO-Tokio General Insurance Company Limited
Product Type	Individual/ Floater
Category of Cover	Indemnity/Benefit
Sum insured	Rs 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) (in the multiples of fifty thousand) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	Three and Half Months (3 ½ months), Six and Half Months (6 ½ months), Nine and Half Months (9 ½ months) including waiting period.
Eligibility	Policy can be availed by persons between the age of 18 years up to 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.
Hospitalization Expenses	Medical Expenses of Hospitalization for Covid for a minimum period of 24 consecutive hours only shall be admissible
Pre Hospitalization	For 15days prior to the date of hospitalization/home care treatment
Post Hospitalization	For 30days from the date of discharge from the hospital/completion of home care treatment
Sub-limits	Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member Home care treatment: Maximum up to 14 days per incident
AYUSH	Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured during the Policy period as specified in the policy schedule.
Home Care Treatment Expenses	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre maximum up to 14 days per incident, which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.

Annexure-A

List I – Items for which coverage is not available in the policy

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	SPIROMETRE
36	STEAM INHALER
37	ARMSLING
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS

51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

List II – Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	CRADLE CHARGES
4	COMB
5	EAU-DE-COLOGNE / ROOM FRESHNERS
6	GOWN
7	SLIPPERS
8	TISSUE PAPER
9	TOOTH PASTE
10	TOOTH BRUSH
11	BED PAN
12	FLEXI MASK
13	HAND HOLDER
14	SPUTUM CUP
15	DISINFECTANT LOTIONS
16	LUXURY TAX
17	HVAC
18	HOUSE KEEPING CHARGES
19	AIR CONDITIONER CHARGES
20	IM IV INJECTION CHARGES
21	CLEAN SHEET
22	BLANKET/WARMER BLANKET
23	ADMISSION KIT
24	DIABETIC CHART CHARGES
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
26	DISCHARGE PROCEDURE CHARGES
27	DAILY CHART CHARGES
28	ENTRANCE PASS / VISITORS PASS CHARGES
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
30	FILE OPENING CHARGES
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
32	PATIENT IDENTIFICATION BAND / NAME TAG
33	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER

6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION\STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Premium Table

Please note:

- The premium for the policy based on '**Individual Sum Insured**' adhere to premiums given in **Tables A (below)** for each member.
 - The premium for the policy based on '**Floater Sum Insured**' adhere to premium given in **Tables A (below)** for Highest aged member and **Tables B (below)** for other than highest aged members in the family.
 - BASE COVER:** Premiums for 9.5 months' policy are given in tables 1 (A and B), Premiums for 6.5 months' policy are given in tables 2 (A and B) and Premiums for 3.5 months' policy are given in tables 3 (A and B).
 - OPTIONAL COVER:** Premiums for 9.5 months' policy are given in table 4, Premiums for 6.5 months' policy are given in table 5 and Premiums for 3.5 months' policy are given in table 6.
- Premium rates given below are in INR and are exclusive of GST.

Base Cover: Hospitalization and Home Care

Table 1 A

Individual	9.5 Months		
Sum Insured/Age Group	0-25	26-50	51-65
50,000	491	642	1,140
1,00,000	911	1,191	2,114
1,50,000	1,087	1,420	2,522
2,00,000	1,222	1,596	2,834
2,50,000	1,373	1,793	3,185
3,00,000	1,543	2,015	3,579
3,50,000	1,734	2,264	4,021
4,00,000	1,851	2,417	4,293
4,50,000	1,970	2,573	4,570
5,00,000	2,091	2,731	4,849

Table 1 B

Floater	9.5 Months		
Sum Insured/Age Group	0-25	26-50	51-65
50,000	319	417	741
1,00,000	592	774	1,374
1,50,000	707	923	1,640
2,00,000	794	1,037	1,842
2,50,000	893	1,166	2,070
3,00,000	1,003	1,310	2,326
3,50,000	1,127	1,472	2,614
4,00,000	1,203	1,571	2,790
4,50,000	1,281	1,673	2,970
5,00,000	1,359	1,775	3,152

Table 2 A

Individual	6.5 Months		
Sum Insured/Age Group	0-25	26-50	51-65
50,000	367	479	850
1,00,000	680	888	1,577
1,50,000	811	1,060	1,882
2,00,000	912	1,191	2,114
2,50,000	1,024	1,338	2,376
3,00,000	1,151	1,503	2,670
3,50,000	1,293	1,689	3,000

4,00,000	1,381	1,803	3,202
4,50,000	1,470	1,919	3,409
5,00,000	1,560	2,037	3,617

Table 2 B

Floater	6.5 Months		
Sum Insured/Age Group	0-25	26-50	51-65
50,000	238	311	553
1,00,000	442	577	1,025
1,50,000	527	689	1,223
2,00,000	593	774	1,374
2,50,000	666	870	1,544
3,00,000	748	977	1,735
3,50,000	841	1,098	1,950
4,00,000	897	1,172	2,081
4,50,000	955	1,248	2,216
5,00,000	1,014	1,324	2,351

Table 3 A

Individual	3.5 Months		
Sum Insured/Age Group	0-25	26-50	51-65
50,000	210	274	487
1,00,000	390	509	903
1,50,000	465	607	1,078
2,00,000	522	682	1,211
2,50,000	587	766	1,361
3,00,000	659	861	1,529
3,50,000	741	968	1,718
4,00,000	791	1,033	1,834
4,50,000	842	1,100	1,953
5,00,000	893	1,167	2,072

Table 3 B

Floater	3.5 Months		
Sum Insured/Age Group	0-25	26-50	51-65
50,000	136	178	317
1,00,000	253	331	587
1,50,000	302	395	701
2,00,000	339	443	787
2,50,000	381	498	885

3,00,000	429	560	994
3,50,000	482	629	1,117
4,00,000	514	671	1,192
4,50,000	547	715	1,269
5,00,000	581	759	1,347

Optional Cover: Hospital Daily Cash

Table 4

Individual Sum Insured/Age Group	9.5 Months		
	0-25	26-50	51-65
50,000	17	23	40
1,00,000	35	46	81
1,50,000	52	68	121
2,00,000	70	91	162
2,50,000	87	114	202
3,00,000	105	137	243
3,50,000	122	160	283
4,00,000	140	182	324
4,50,000	157	205	364
5,00,000	174	228	405

Table 5

Individual Sum Insured/Age Group	6.5 Months		
	0-25	26-50	51-65
50,000	13	17	30
1,00,000	26	34	60
1,50,000	39	51	91
2,00,000	52	68	121
2,50,000	65	85	151
3,00,000	78	102	181
3,50,000	91	119	211
4,00,000	104	136	242
4,50,000	117	153	272
5,00,000	130	170	302

Table 6

Individual Sum Insured/Age Group	3.5 Months		
	0-25	26-50	51-65
50,000	7	10	17
1,00,000	15	19	35

1,50,000	22	29	52
2,00,000	30	39	69
2,50,000	37	49	86
3,00,000	45	58	104
3,50,000	52	68	121
4,00,000	60	78	138
4,50,000	67	88	156
5,00,000	75	97	173

- **Discounts**

- **Individual Basis:**

- a) Health Workers Discount – 5% discount in premium.
- b) Direct/Online Discount - 10% discount in premium.
- c) Existing IFFCO Tokio Customer having a Health Indemnity Policy - 10% discount in premium.
- d) Family Discount
 - 3 members - 5% discount in premium
 - More than 3 members - 10% discount in premium.

Note: The overall discount shall not exceed 25% discount in the premium.

- **Floater Basis:**

- a) Health Workers Discount – 5% discount in premium.
- b) Direct/Online Discount - 10% discount in premium.
- c) Existing IFFCO Tokio Customer having a Health Indemnity Policy - 10% discount in premium.