ESSENTIAL HEALTH PROTECTOR
UIN: IFFHLIP25040V022425
SALES LITERATURE/ PROSPECTUS

How does the Health Product benefits you

The Policy offers a health protection cover for you and your family for any illness, disease or injury related contingencies like hospitalization, medical expenses, surgical expenses, organ transplantation etc. The policy covers the members of the family consisting of you, your spouse, dependent children, brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together with you and dependent parents on individual Sum Insured basis or floater Sum Insured basis.

Flexible Policy Term of 1 Years,2 Years or 3 Years.

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.

SALIENT FEATURES:

- ✓ **Complete Freedom: Choose the way you want:**
  - **Term –** One year/Two Years/Three years
  - **Installment Options(For One Year Policies):**Monthly/Quarterly/Half-Yearly
  - **Sum Insured Basis:** Individual/Floater
  - **Sum Insured Options–** The following plans to offer you the widest possible
    - 5 Lakhs
    - 7.5 Lakhs
    - 10 Lakhs
    - 15 Lakhs
    - 20 Lakhs
    - 25 Lakhs
    - 30 Lakhs

- ✓ **Lifelong renewal (if renewed without break)**
- ✓ **High coverage at low premium**
- ✓ **Co-Payment:** The following Co-pay options are available: 10%, 20% or 25% under the product. The Co-pay percentage as per the schedule, shall be applied on each and every admissible claim. Once the Co-Pay is opted under the policy, it cannot be opted out during the policy period.
- ✓ **Cashless claim facility** available at over network hospitals across India.
- ✓ **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 this Policy and protect your continuity benefit as per IRDAI Guidelines.
- ✓ **Extension Available (On Payment of Additional Premium)-**Consumable Protector

- ✓ **Add-ons Available (On Payment of Additional Premium)-**OPD Cover, Dental Cover, Maternity Cover

WHO ARE ELIGIBLE TO TAKE THIS POLICY?

- ✓ Persons of any nationality may avail the benefits of this Policy but he should be a normal resident of India or an expatriate residing in India for a minimum period of one year prior to the date of inception of policy.
- ✓ **Entry Age under the policy:** 18 Years-No Upper Limit. The Insurance is available to dependent child from the age of 1st day onward. Dependents including children can be covered provided one or more adults are covered concurrently. There is no upper age limit for coverage of dependents.
- ✓ **Renewable Age:** Policy shall ordinarily be renewable without any age restriction, except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, if it is renewed without any break.

WHO ALL CAN BE COVERED UNDER THIS POLICY?

a) **Under floater policy:** Self, Spouse, dependent parents, dependent children, brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together with you.

b) **Under Individual policy:** Self, Spouse, dependent parents, dependent children,brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together with you.

WHAT IS COVERED UNDER THE POLICY:

If the Insured Person contracts any Disease or sustains any Injury due to any accident (including any act of terrorism) and has to incur Medically Necessary Hospitalization expenses, then We will pay Reasonable and Customary Charges of the following expenses: –

1. Room Rent Limit –

Annual Limits		
Room Rent expenses	Rs. 10 lakhs and above (including cumulative bonus)	Below Rs. 10 lakhs (including cumulative bonus)
Normal Room Rent expenses	A limit of 2% of the sum insured on per day basis or charges of a Single Standard Air Conditioned Room, whichever is less	I. In respect of class "A" cities, a limit of 1.50% of the sum insured on per day basis or actual, whichever is less. II. In respect of cities other than class "A" cities, a limit of 1.25% of the sum insured on per day basis or actual, whichever is less;
Intensive Care Unit/Therapeutic Expenses	A limit of 3 % of the sum insured on per day basis or actual, whichever is less.	I.In respect of class "A" cities, a limit of 2.5% of the sum insured on per day basis or actual, whichever is less. II.In respect of other than class "A" cities, a limit of 2%of the sum insured on per day basis or actual, whichever is less;

Service charges and Surcharge on actual basis subject to a maximum limit of 0.5% of sum insured for each hospitalization.

2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.

3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.

4. AYUSH hospitalization expenses Incurred in AYUSH Hospitals or AYUSH Day Care Centres. Coverage also includes pre- hospitalization and post hospitalization expenses.

5. Road Ambulance Charges: Actuals or Rs. 10,000/- ,whichever is less, for each hospitalization. This benefit is within the Policy Sum Insured limit.

6. An additional Daily Allowance amount equivalent to 0.15% of the Basic Sum Insured, up to a maximum of Rs. 1,000 per day, for the duration of Hospitalization towards defraying miscellaneous expenses.
   Note: If the hospitalization period is less than 24 hours, then this daily allowance will be reduced proportionately for the period of hospitalization. This benefit is within the Policy Sum Insured.

7. The above stated relevant expenses (except for clause 5 and 6), incurred for Domiciliary Hospitalisation, if Medically Necessary and at Reasonable and Customary Charges, up to the Sum Insured.

8. Home Care Treatment: As per actuals or 1% of Sum Insured maximum up to 10,000 /-, whichever is less.
   Note:Any expenses Clause 5 or 6 shall not be payable.

9. The below mentioned list of treatments has specified expenses limit per claim which is inclusive of all expenses as mentioned in (1), (2), (3), (5), (6), (7) and (8) or actual amount, whichever is less.

List of Treatments

S.No	Treatment List	Expense Limit Per Year
A	Cataract	a) For Basic SI 5L- <10L- Rs.50 k per eye. b) For Basic SI10L-<15L- Rs.75 k per eye. c) For Basic SI 15L and above - Rs.1 L per eye.
B	ENT Disorders	10% of the Basic SI, up to Rs.1.5 L
C	Treatment of Hernia and its immediate complications, including cost of implant	10% of the Basic SI, upto Rs 1.5 L per site
D	Hysterectomy	10% of the Basic SI, upto Rs.2 L
E	Piles, Hamerrhoidectomy, Fissure, Fistula, Sphincterectomy	10% of the Basic SI, upto Rs.1.5 L

F	Knee Ligament	10% of the Basic SI, upto Rs.2 L
G	Joint Replacement (including Implant)	20% of the Basic SI, upto Rs.3 L per replacement
H	PIVD and all other spinal procedures	20% of the Basic SI, upto Rs.3 L

Notes:

Note 1:

i) In case Insured Person(s) opt(s) for a room with rent higher than the entitlement limit, the associated medical expenses payable under item (2) and (3) (except costs of pharmacy & covered consumables, implants & medical devices and cost of diagnostics above provided by the Hospital) above of 'What is Covered' shall be restricted to: -

a) The charges applicable to the room within the eligibility of Insured Person(s) as per the Sum Insured, on an individual or collective basis, as per hospital tariff;
or

b) The same proportion as the entitled room rent bears to availed room rent (if hospital tariff is not available or no room available within the eligible room rent). This proportionate payment will not be less than 40% of the claim amount for item 2 & 3 of "What is covered".

The proportionate deduction will not be applied in respect of hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category. The proportionate deduction shall also not apply for ICU charges.

ii) Hospitalization expenses of person donating an organ during the course of organ transplant subject to the above sub-limits applicable to the Insured Person and within the sum insured. However, for Room Rent, the amount payable in respect of Donor will be 50% of Room Rent limit of Insured Person(patient) for whom the claim is lodged.

iii) For the purpose of determining the sub-limits of expenses for Room/ Boarding/ nursing charges and AYUSH hospitalization expenses including pre-hospitalization, post-hospitalization, home care treatment and domiciliary hospitalization as detailed under item (1), (4), (7) & (8) of "What is covered" above, the specified percentages will be applied on the sum insured only.

iv) Terrorism is Covered.

Note 2: The expenses that are not covered in this policy are placed under List-I of Annexure-A of Policy Wording. 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 of Policy Wording respectively.

Note 3:

No waiting period/ sub-limits are applicable from the date the Newborn baby (as defined) has been added in the policy through an endorsement upon payment of additional premium.

Note 4: Benefit 5 and 6 mentioned under What is Covered shall be available, only in the event of an admissible claim

of hospitalization expenses under this policy.

Note 5: Expenses on Medicines, coronary stents, Implants and such other similar items shall be paid as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

SPECIAL CONDITIONS

A.Extension of policy period:

In case the Insured Person(s) who is/are covered under this Policy has/have to go abroad for a minimum of 30 days or more, and accordingly he/she/they buy a Travel insurance policy from IFFCO-Tokio General Insurance Co. Ltd. for those 30 days or more and submit(s) the proof thereof (copy of visa and photocopy of stamped passport on return), in that event the period of insurance under this Policy in respect of the Insured Person(s) will be extended by 30 days or more i.e. the period of insurance under the policy shall be extended for those number of days for which any travel insurance policy (with IFFCO-Tokio General Insurance Co. Ltd) has run or actual period abroad subject to a minimum of 30 days period abroad.

B. Reinstatement of basic sum insured:

After the exhaustion of Sum Insured under the policy, 100% of the Basic Sum Insured shall be reinstated for the unexpired policy year without any deduction of reinstatement premium, subject to the following:

a) Reinstatement shall be made only once in a Policy Year.
b) The unutilized reinstated sum insured cannot be carried forward to the next renewal for annual policies/next year for long term policies.
c) This reinstatement benefit will be applicable each year for long term policies.
d) If the claimed amount is higher than the balance Sum Insured under the policy, then this reinstatement benefit will not be triggered for the same claim, however reinstated Sum Insured would be available for:
   i) subsequent claims for the same member and/ or other insured members.
   ii) any other injury, disease or illness (other than chronic disease listed under point f)
   iii) for subsequent disease/injury/illness which Insured Person(s) has/have sustained whilst being in the hospital for the other disease/injury.
e) The reinstated Sum Insured would not be available:
   i) in cases of relapse within 45 days of first hospitalization for which Insured person(s) was/were hospitalised.
   ii) for Domiciliary Hospitalization and Home Care.

Example:
If an insured with a basic sum insured of Rs. 5L makes the first claim to undergo a procedure costing Rs.5.25L, claim settlement for the same would be limited to Rs. 5L subject to T&C of the policy. Further, the sum insured under this policy shall be reinstated to Rs. 5L without any deduction of reinstatement premium. However, this re-instated SI cannot be used to pay the balance Rs.25,000 /-. The reinstated sum insured would, however, be available for any further claim occurring after the reinstatement. (unless it is a relapse of the ailment/injury in the first claim within 45 days or chronic disease listed under point f) within the policy year.

f) The reinstated basic sum insured will not be available for the following chronic diseases where the initial claim

under the same policy period has been lodged for: --

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

C. No Claim Bonus

One of the following benefits shall be applicable based on the option chosen by You at the time of renewal and mentioned in the Policy Schedule:

(i)Cumulative Bonus (CB)

a) The Cumulative Bonus shall be increased by 25% of the basic sum insured for the first claim-free Policy Year and by 10% at each subsequent claim free Policy Year for all Insured Person(s) either individually or on a collective basis, subject to a maximum of 100% (of basic sum insured of the expiring policy. In short, the following grid A shall be followed for the calculation of Cumulative bonus.

Grid-A

Year	Policy Claim Status	% CB earned
0	Claim free	-
1	Claim free	25%
2	Claim free	10%
3 and beyond	Claim free	10% each year subject to max 100% of basic sum insured

Illustration A:

If a family or individual has a basic sum insured of Rs. 5 Lakhs, the cumulative bonus at the end of first claim-free year will be Rs. 1.25 Lakhs (25% of basic SI). At the end of second claim-free year, the cumulative bonus shall be Rs. 0.5 Lakh (10% of basic SI) and the total CB will be 1.75 Lakhs and so-on upto a maximum of Rs. 5 Lakhs.

Year	Base SI (in Rs)	% CB earned	CB earned (in Rs)	Total CB (in Rs)	Claim Status
0	5 Lakhs	-	-	-	Claim free
1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	Claim free
2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim free
3	5 Lakhs	10%	0.5 Lakhs	2.25 Lakhs	Claim free
4	5 Lakhs	10%	0.5 Lakhs	2.75 Lakhs	Claim free
5	5 Lakhs	10%	0.5 Lakhs	3.25 Lakhs	Claim free

6	5 Lakhs	10%	0.5 Lakhs	3.75 Lakhs	Claim free
7	5 Lakhs	10%	0.5 Lakhs	4.25 Lakhs	Claim free
8	5 Lakhs	10%	0.5 Lakhs	4.75 Lakhs	Claim free
9	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
10	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

b) For cumulative bonus accrual, the policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date of a claim-free policy, beyond which the entire cumulative bonus earned will lapse and be forfeited.

c) In case of a claim under the policy in respect of any Insured Person(s), the existing cumulative bonus will be reduced at the rate it had accrued, subject to the stipulation that basic sum insured shall be maintained.

Illustration B:

Continuing the case as in Illustration A, if any Insured Person(s) makes a claim in year '2', the cumulative bonus shall be reduced by Rs. 0.5 Lakh (10% of basic SI), bringing the accrued cumulative bonus to Rs 1.25 Lakh.

Year	Base SI	% CB accrued	CB earned	Total CB	Claim status
0	5 Lakhs	-	-	-	claim free
1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim
3	5 Lakhs	-10%	-0.5 Lakhs	1.25 Lakhs	Claim
4	5 Lakhs	-25%	-1.25 Lakhs	0	claim
5	5 Lakhs	0	0	0	claim free
6	5 Lakhs	10%	0.5 Lakhs	0.5 Lakhs	claim free

Illustration C : Portability/Migration

Case 1 : Portability/ Migration to this policy on the first renewal

Year	Insurer	Base SI	% CB accrued	CB earned	Total CB	Claim Status
0	ABC	5 Lakhs	-	-	-	Claim free
1	**ITGI (ported)**	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	Claim free
2	ITGI	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim free
3	ITGI	5 Lakhs	10%	0.5 Lakhs	2.25 Lakhs	Claim free
4	ITGI	5 Lakhs	10%	0.5 Lakhs	2.75 Lakhs	Claim free
5	ITGI	5 Lakhs	10%	0.5 Lakhs	3.25 Lakhs	Claim free
6	ITGI	5 Lakhs	10%	0.5 Lakhs	3.75 Lakhs	Claim free

7	ITGI	5 Lakhs	10%	0.5 Lakhs	4.25 Lakhs	Claim free
8	ITGI	5 Lakhs	10%	0.5 Lakhs	4.75 Lakhs	Claim free
9	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
10	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

Case 2 Portability/ Migration to this policy at any year except first renewal

Year	Insurer	Base SI	% CB accrued	CB earned	Total CB	Claim Status
0	ABC	5 Lakhs	-	-	-	Claim free
1	ABC	5 Lakhs	5% (assumed)	0.25 Lakhs	0.25 Lakhs	Claim free
2	ABC	5 Lakhs	5% (assumed)	0.25 Lakhs	0.5 Lakhs	Claim free
3	ITGI (ported)	5 Lakhs	10%	0.5 Lakhs	1 Lakh	Claim free
4	ITGI	5 Lakhs	10%	0.5 Lakhs	1.5 Lakhs	Claim free
5	ITGI	5 Lakhs	10%	0.5 Lakhs	2 Lakhs	Claim free
6	ITGI	5 Lakhs	10%	0.5 Lakhs	2.5 Lakhs	Claim free
7	ITGI	5 Lakhs	10%	0.5 Lakhs	3 Lakhs	Claim free
8	ITGI	5 Lakhs	10%	0.5 Lakhs	3.5 Lakhs	Claim free
9	ITGI	5 Lakhs	10%	0.5 Lakhs	4 Lakhs	Claim free
10	ITGI	5 Lakhs	10%	0.5 Lakhs	4.5 Lakhs	Claim free
11	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
12	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

Notes:

1)Long Term Policies

a) In case of a long-term Policy, any Cumulative Bonus that has accrued for first/second Policy Year will be available in the subsequent policy year.

b) In case of a claim, the existing cumulative bonus will be reduced at the rate it had accrued, subject to the

stipulation that basic sum insured shall be maintained.

Illustration D:

Continuing the case as in Illustration A, if any Insured Person(s) makes a claim in year '2', the cumulative bonus shall be reduced by Rs. 0.5 Lakh (10% of basic SI), bringing the accrued cumulative bonus to Rs 1.25 Lakh.

	Year	Base SI	% CB Earned	CB Amount earned	CB available during the policy year	Claim status
Long term policy (3 Yr)	0	5 Lakhs				claim free
	1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
	2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	claim
Renewed policy (3 Yr)	3	5 Lakhs	-10%	- 0.5 Lakhs	1.25 Lakhs	claim free
	4	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	claim
	5	5 Lakhs	-10%	- 0.5 Lakhs	1.25 Lakhs	claim free

2)For Floater Policies

- The CB shall be added and available to the family on floater basis, provided no claim has been reported from any insured members of the family. CB shall reduce in case of claim from any of the insured members of the family.
- The Cumulative Bonus so accrued in the previous Policy Year(s), will only be available to those Insured Person(s) who were Insured in the previous Policy Year(s) and continue to be Insured with Us in the subsequent Policy Year(s).

3) If the Insured members of the family renew their expiring policy by splitting the Sum Insured into two or more floater policies/individual policies, the CB of the expiring policy shall be apportioned to such renewed Policies in the proportion of the Sum Insured of each Renewed Policy

4) If the Sum Insured under the Policy has been increased/ decreased at the time of renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year subject to the cumulative CB amount not exceeding 100% of the basic sum insured of the renewed policy.

5) If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of renewal premium, any awarded CB shall be withdrawn.

(ii) No Claim Discount

A discount of 5% on base premium would be allowed at the time of renewal, if no claim is made in the expiring policy. This discount of 5% shall be available on every renewal until a claim is made. This discount shall not be available for Extension/Add-On premiums.

Conditions applicable for Cumulative Bonus & No Claim Discount

Only one of the above benefits are applicable on renewal, You may express Your consent to opt for either of the benefit at the time of renewal.

Cumulative Bonus earned and accumulated shall not be reduced/ removed unless there is a claim, even if You choose to opt for No Claim Discount in any particular renewal. However, if You have opted for No Claim Discount in the existing

Policy and You wish to opt for Cumulative Bonus at the time of renewal, then the No Claim Discount of 5% shall not be available.

Cumulative Bonus shall be carried forward and shall reduce if there is a claim reported in the policy period. The No Claim Discount is not available on renewal if there has been a claim in any of the policy years of a long term policy.

Illustration E

Case 1: Annual Policies

Year	Base SI	% CB earned	CB Amount earned	CB available during the policy year	Claim Status
0	5 Lakhs	-			claim free
1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
On renewal,Insured Person opting No claim Discount over Cumulative Bonus					
2	5 Lakhs	0%		1.25 Lakhs	claim free
3	5 Lakhs	0%		1.25 Lakhs	claim
4	5 Lakhs	-25%	-1.25 Lakhs	0	claim free

Case 2:Long Term Policies

	Year	Base SI	% CB earned	CB Amount earned	CB available during the policy year	Claim Status
Long Term Policy(3 Yr)	0	5 Lakhs	-			claim free
	1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
	2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	claim free
On renewal, Insured Person opting No claim Discount over Cumulative Bonus						
Renewed Policy(3 Yr)	3	5 Lakhs	0%		1.75 Lakhs	claim free
	4	5 Lakhs	0%		1.75 Lakhs	claim
	5	5 Lakhs	-10%	-0.5 Lakhs	1.25 Lakhs	claim free

Since there has been a claim in the long term renewal policy, the No claim discount is not available at the next renewal.

D. Voluntary Co-Payment:

The following Co-pay options are available under the product:

10%, 20% or 25% .

The Co-pay percentage, if opted shall be applied on each and every admissible claim as per the schedule.. Once the Co-Pay is opted under the policy, it cannot be opted out during the policy period

ADDITIONAL BENEFITS

1. **Daily Allowance-** An additional daily allowance amount equivalent to 0.15% of the Basic Sum Insured, up to a maximum of Rs. 1,000 per day in respect of an Insured Person for the duration of hospitalization. If the hospitalization period is less than 24 hours, then this daily allowance will be reduced proportionately for the period of hospitalization. This benefit is within the Policy Sum Insured.

2. **Road Ambulance Charges-** Road Ambulance charges in connection with any admissible claim subject to a limit of actuals or Rs. 10,000/- whichever is less, for each hospitalization. This benefit is within the Policy Sum Insured limit.

3. **Pre and Post Hospitalization Expenses**

   a) Pre-Hospitalization Medical Expenses incurred up to 60 days prior to Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.

   b) Post Hospitalization Medical Expenses incurred during a period up to 90 days after Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.

   This benefit is within the Policy Sum Insured limit.

4. **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 Home Care 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 prostrate (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.

5. **Day Care Treatment:** Day care medical treatments listed in Annexure C – "List of Day Care Procedures" of the policy document, will be payable even if the duration of hospitalization is less than 24 hours.

   (Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you/Insured Person to please check our website/ contact our nearest office for updated list of such treatments. Website Link- https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/day-care-procedures.pdf)

6. **Hospitalization expenses if period of hospitalization is less than 24 hours**: At our discretion, we will pay hospitalization expenses if the duration of hospitalization is more than 12 hours but less than 24 hours except for the listed day care surgeries, provided that this treatment expense has been authorized by us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner treating the Insured Person(s). In such case(s) the room rent shall be limited to 50% of the entitled room rent per day. Further in such case(s) of less than 24 hours of hospitalization, no pre-hospitalization expenses will be allowed and post-hospitalization will be limited to a duration of 15 days from date of discharge.

7. **Health check-up**: Insured Person(s) shall be entitled to undergo a periodic medical checkup upon renewal of the policy. This benefit is dependent on the basic sum insured of the policy. The following table may be referred for this benefit:

a) For Policies with Basic Sum Insured on Floater Basis

Basic Sum Insured	Periodicity	Eligibility	Package
5 lacs to Less than 10 lacs	After each claim free Policy year	Any one member	Gold Package
10 lacs upto 25 Lacs	After each Policy year, irrespective of claim	Any one member	Platinum Package
Above 25 lacs	After each Policy year, irrespective of claim	Any two members	Platinum Package

b) For Policies with Basic Sum Insured on Individual Basis

Basic Sum Insured	Periodicity	Package
5 lacs to Less than 10 lacs	After each claim free Policy year	Gold Package
10 lacs and above	After each Policy year, irrespective of claim	Platinum Package

Refer annexure B of Policy Wording for details of the health packages:

This benefit is subject to the conditions below:

a) The health checkup can be availed only through Our empaneled service provider on cashless basis.
b) We shall not be liable for any associated costs or expenses (conveyance, supplies etc.)
c) The checkup/tests are pre-determined. No addition or exchange/swap in the list of tests shall be allowed.
d) This benefit shall not reduce the Basic Sum Insured or impact the No Claim Bonus.
e) The check-up/tests have to be undertaken within year of eligibility, provided the policy has been active at the time of availing this benefit.
f) Any unutilized checkup/test cannot be carried forward beyond one year of eligibility.
g) No refund/discounts in renewal premium in lieu of non-consumption of this benefit shall be allowed.
h) This benefit shall not be construed as a waiver of Our rights to deny any claims on grounds of non-disclosure of material facts and/or Pre-Existing Disease by You/the insured Person.

Disclaimer:

- We shall not assume any liability for any errors or omissions or consequence of any actions related to the health check-up.
- This facility is provided by Our empaneled service provider, IFFCO-Tokio GIC is only acting as a facilitator and not be liable for quality of services.

8. **Vaccination expenses**: Insured Person(s), on individual or collective basis, shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy years of 365 days each with us, subject to a

maximum of 7.5% of the total proportionate premium paid(excluding taxes) for the last two policy years, provided no claim(s) is/are made in respect of the Insured Person(s) during that period of insurance and subject to :
i) previous two expired policies were renewed without break (in case of annual policies) or the expiring policy was a long term (two/three year) policy
ii) This expense should be claimed after two continuous claim free Policy Years.
iii) The expenses have to be claimed within a year of eligibility.

9. **Gender Reassignment Cover**

We shall indemnify the Reasonable and Customary charges incurred for Gender Reassignment Surgery and associated hormonal and laser therapy for the Insured Person.

Limit of Liability

50% of the Policy Basic Sum Insured maximum up to Rs.4 Lakhs (within the Policy Basic Sum Insured).

Conditions Applicable

a) A waiting period of continuous 24 months shall be applicable from the time the Insured Person is covered in this policy and renewed subsequently.
b) After the waiting period of 24 months, this Coverage shall be available only in the Policy Year of Gender Reassignment Surgery.
c) Once claimed, this coverage shall not be available in the subsequent policy years.
d) Only one gender reassignment surgery during the lifetime of an insured person shall be covered.
e) Any expenses on procedure or therapy to revert the changed gender shall not be covered.

Exclusions Applicable

Additional Benefits under the Policy (Daily Allowance, Road Ambulance Charges) shall not be payable for Gender Reassignment and associated hormonal and laser therapies.

10. **Emergency Assistance Services***

This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services as described below. The services are provided when Insured Person(s) is/are traveling within India 150 kilometers or more away from the residential address as mentioned in the policy schedule for less than 90 days. No claims for reimbursement of expenses incurred for services arranged by insured/Insured Person(s) will be entertained unless agreed by us or our authorized representative. Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the Insured Person.

a) Medical consultation, evaluation and referral:
b) Emergency medical evacuation:
c) Medical repatriation
d) Transportation to join patient
e) Care and/or transportation of minor children
f) Emergency message transmission
g) Return of mortal remains
h) Emergency cash coordination

*Please refer the Policy Wording for Detailed Cover details and conditions

11) **Wellness Services (Available for Policies with One Year Policy Term Only)**
This policy provides facilitation and/or arranging, at no additional cost whatsoever, Wellness and Preventive Health Services for promoting and rewarding the healthy behavior of the Insured Person as described below:

(A) Value Added Services

(a) Cashless Telemedicine Consultation:

i. **General Physicians and Specialists**: Insured Person(s) can book unlimited chat, telephonic and/or video appointments for all medical consultations.

ii. **Mental Health Helpline**: 24/7 Psychological Counselling can be obtained through electronic mode.

(We shall not be liable for any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of these services.)

iii. **Medical Second Opinion**: This service may be obtained through electronic mode, from an empaneled medical expert and/or agency and is subject to the following conditions:

- This has to be specifically requested for by the Insured Person.
- This opinion given, is without examining the patient, based only on the medical records submitted.
- The opinion is only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action, taken in reliance of the opinion provided, by the Medical Practitioner is outside the scope of this policy.

(b) Discount on Services: The Insured Person can avail, unlimited times, discount on the below, offered by the service providers, which will be displayed on the website:

i. **Diagnostics/ Annual Health check-ups** - Insured Person(s) can book via our Mobile Application a range of laboratory tests to be performed at diagnostic center and/or at home.
ii. **E-pharmacy** - Insured Person(s) can order the home delivery of prescribed drugs, health and Wellness medicines/supplements, devices and accessories, delivered through network of our service provider
iii. **Nutritional Counselling:** Insured Person(s) can avail services of our empaneled nutritional counsellor to achieve health goals and obtain guidance for achieving these goals.
iv. **Dental Care-** Insured Person(s) can avail services of our empaneled Dentists
v. **Home care-** Insured Person(s) can avail services of our empaneled Home care providers such as Nurses & physiotherapists.

Detailed List is available on our website www.iffcotokio.co.in

(B) <u>Reward Programme:-</u>

This Wellness program aims to motivate, incentivize and reward the healthy habits and efforts of the Insured Person(s)

to improve their health and lifestyle. The activities mentioned below will be tracked by us, wherein the Insured Person(s) can earn reward points, which can be redeemed as per our redemption terms and conditions.

The Wellness services and activities are categorized as below:

S.No	Activity	Max. Points/ Insured Person
1	Track your health a) Completion of Health Risk Assessment (online questionnaire) b) Undergoing Diagnostics/ Preventive Risk Assessment	 100 750
2	Enrollment in Disease Management Program	200
3	Walk towards a healthy lifestyle (based on steps walked per day)	1000
4	Fitness activities a) Participation in Walkathon/Marathon b) Enrollment in fitness initiatives like Gym/Yoga/Swimming etc	 100 200
5	Enrollment in Self-Care Plans like meditation/ diet plans	500

1. Track your Health:

a) Completion of Health Risk Assessment (HRA):

i. The Health Risk Assessment (HRA), is a questionnaire to be filled online by the Insured Person(s), which acts as a tool for assessing the health and quality of life. It will enable us to help the Insured Person review the lifestyle practices, which have an impact on the Insured Person's health condition.

ii. The Insured Person needs to log into his/her account on either the application or the website www.iffcotokio.co.in and complete the HRA questionnaire.

iii. This can be undertaken once, anytime during the policy year.

iv. On Completion of the online HRA questionnaire in the first month of policy year, the Insured Person(s) earns **100** reward points or, **50** reward points is earned by the insured Person on completing HRA in the later months of policy year.

b) Preventive Risk Assessment:

For those showing additional commitment to the cause, we reward the Insured Person with extra points for undergoing Diagnostic/ Preventive tests during the policy year. Insured Person(s) can take these tests at any empaneled diagnostic center. The cost of these tests borne by Insured Person(s) will be offered at a discounted price by our service provider, wherein Insured Person(s) will earn following reward points:

S. No.	Activity	Points
i.	On submission of the report of a test, insured Person earns	75
ii.	If the result of a test is within the normal range, insured Person earns, per test report, additional	50
iii.	If the result of a test is not within the normal range, Insured Person may Enroll for Nutritional Consultation program through our app. This will provide the expert advice on the subject matter at an attractive price. On submitting the receipt of Nutritional Consultation, Insured Person will earn	50

List of tests under Preventive Risk Assessment:

i. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL (Cholesterol Ratio)
ii. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)]
iii. CBC including ESR
iv. Thyroid Profile
v. Liver Profile
vi. Prostate-specific antigen (PSA) test/Mammogram

c) The receipt of these Test Reports/ Nutritional Consultation need be submitted within 30 days from the date of undergoing the Health Check-Up/ Nutritional Consultation.

2. Disease Management Program:

a) Insured Person may enroll at his own expense for any Chronic Disease Management program offered by a recognized institute for illness such as Diabetes, Hypertension, Asthma or Cardiovascular Disease to earn **200** points. Insured Person may also track his health through our empaneled medical experts who will guide in improving the health condition.

b) The Insured Person(s) has to submit the relevant receipt(s) within 30 days of Enrollment.

3. Walk towards a healthy lifestyle:

a. Insured Person(s) earns reward points on achieving the targeted step counts. This is recorded by our IFFCO-Tokio mobile application as mentioned below:

Average no. of steps per day in a policy year	Points
2500-4000	**200**
4001-6000	**350**
6001-8000	**500**
8000-10000	**750**
10001 & above	**1000**

b. The steps for the last 2 months, in each policy year, will not be taken into consideration for calculation of average number of steps per day.

c. The mobile app must be downloaded within 30 days of the Commencement of the Policy, to avail of this benefit.

d. Dependent children below 18 years of age, covered either under individual or floater policy, will not be considered for participation under this scheme.

4. Fitness activities:

Insured Person(s) earns reward points, for participation and completion, in any of the fitness and health related activities as given below:

S.No	Activity	Points
1	On submission of Photo/BIB number /Certificates /Entry ticket, taken to participate in the fitness events such as any walkathon, marathon, cyclothon	100
2	Membership in a health club (for at least a minimum period of 3 months) - Membership in a health club in a Gym / Yoga Centre / Aerobic Exercise / Zumba Classes/ Swimming / Dance Classes / Sports Club / Pilates Classes / Martial Arts / Gymnastics	200

The Gym/ Yoga Centre/ Aerobic Exercise/ Zumba Classes/ Swimming / Dance Classes / Sports Club / Pilates Classes / Martial Arts / Gymnastics and companies organizing these fitness activities, required to be legally registered as per rules and regulations as applicable by law.

5. Self-Care Programs:

a) Insured Person(s) Enrolling in Self-care Programs such as meditation sessions, coaching/counselling, either offline or online, can earn **50** reward points for each programme, subject to a maximum of 10 programs.
b) Insured Person(s) has to submit the relevant receipt within 30 days of Enrollment.

For Family Floater policies, the weightage of the points earned by the members shall be as below:

Family members	Weightage
Primary Member	**75%**
Spouse	**50%**
Dependent Children (aged above 18 years)	**25%**
Other relatives covered in the Policy	**20%**

Redemption Of Reward Points

Insured Person(s) is entitled to redeem, the total earned reward points, as follows:

1. Discount in premium at the time of renewal,

OR

2. Redeemable Vouchers following a renewal

1. Discount in Renewal Premium:

Individual Policy:

Earned reward points	Discount in Premium
500	2.5%
1000	5%

1500	7.5%
2000	10%
2500	12.5%

Family Floater Policy:

Earned reward points	Discount in Premium
1000	2.5%
2000	5%
3000	7.5%
3500	10%
4000	12.5%

2. Redeemable Vouchers following a renewal

- Each reward point will be equivalent to Rs. 0.50 and can be redeemed for an equivalent value of vouchers in multiples of 500 against membership in Fitness Centers and/or purchasing health supplements.
- Reward points not redeemed in the given policy year, can be carried forward, provided the policy is renewed with us continuously.
- Insured Person will be able to view the accumulated reward points on the mobile app and website

Points Earned	Voucher Value (Rs.)
1000	500
2000	1000
3000	1500
4000	2000
5000	2500

TERMS AND CONDITIONS UNDER WELLNESS SERVICES

i. Any information provided by the Insured Person(s) in this regard shall be kept confidential.

ii. All medical services shall be provided by our empaneled health care service providers. While we ensure full due diligence before empanelment of the service provider, the decision to obtain their advices/services and utilize them, is entirely at the Insured Person(s) discretion. The costs are to be borne by the Insured Person.

iii. There will not be any cash redemption against the Wellness reward points.

iv. Reward points can be redeemed once at the time of renewal (for discounts in premium) or following a renewal (for vouchers). Balance of the reward points not redeemed will be carried forward to the next policy cycle.

v. Insured Person(s) has to notify and submit relevant documents, reports, receipts etc. for various Wellness activities within 30 days of undertaking such activity/tests and 60 days before the renewal date of the policy, whichever is earlier.

vi. For services that are provided through empaneled service provider, IFFCO-Tokio GIC is only acting as a facilitator.

Illustration -

The Illustration as given below depicts the methodology on which the rewards will be calculated in case of a family floater policy.

An Insured Person named Raju, aged 35 along with his wife Jaya, aged 32 is covered under family floater health policy. They have earned the following reward points during the policy year:

S. No.	Wellness activity taken up	Points earned by Raju	Points earned by Jaya
1	Completed Online Health Risk Assessment (HRA)	100	100
2	Submitted PRA test reports	500	500
3	Participated in fitness activities	350	350
4	Walk towards healthy lifestyle	500	500
5	Enrolled in Disease management program	200	200
6	Enrolled in self-care program	500	500
Total reward points earned		**2150**	**2150**
Points on percentage as per our grid		**2150 x 75%**	**2150 x 50%**
Reward points for the policy year		**1612.50**	**1075**

Total reward points earned by Raju and Jaya = (1612.50+1075) 2687.50

EXTENSION AVAILABLE

Consumable cover

In Lieu of payment of additional premium, We shall pay the Reasonable and Customary charges incurred by the Insured Person, mentioned in List hereunder, subject to:

i. The items payable are prescribed by the treating Medical Practitioner and are medically necessary for the treatment of the same illness/ injury for which Insured Person has taken In-Patient or Daycare Treatment.

ii. We have accepted Claim for Hospitalization/Daycare/Homecare/Domiciliary expenses under the Policy with which this extension is attached.

iii. The expenses on consumables covered under this optional coverage shall be within the sub-limits/ Sum Insured limit.

iv. Once opted, this extension cannot be opted out in subsequent renewals.

v. Mid-term inclusion of this extension is not allowed.

Sl. No	Item
1	BABY FOOD (Not Payable)
2	BABY UTILITIES CHARGES (Not Payable)
3	BEAUTY SERVICES (Not Payable)

4	BELTS/ BRACES (Rental Charges Payable)
5	BUDS (Not Payable)
6	COLD PACK/HOT PACK (Payable)
7	CARRY BAGS (Not Payable)
8	EMAIL / INTERNET CHARGES (Not Payable)
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) (Not Payable)
10	LEGGINGS (Payable)
11	LAUNDRY CHARGES (Not Payable)
12	MINERAL WATER (Not Payable)
13	SANITARY PAD (Not Payable)
14	TELEPHONE CHARGES (Not Payable)
15	GUEST SERVICES (Not Payable)
16	CREPE BANDAGE (Payable)
17	DIAPER OF ANY TYPE (Payable)
18	EYELET COLLAR (Payable)
19	SLINGS (Payable)
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES (Payable)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED (Payable)
22	Television Charges (Not Payable)
23	SURCHARGES (Not Payable)
24	ATTENDANT CHARGES (Payable)
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) (Not Payable)
26	BIRTH CERTIFICATE (Not Payable)
27	CERTIFICATE CHARGES (Not Payable)
28	COURIER CHARGES (Not Payable)
29	CONVEYANCE CHARGES (Not Payable)
30	MEDICAL CERTIFICATE (Not Payable)
31	MEDICAL RECORDS (Not Payable)
32	PHOTOCOPIES CHARGES (Not Payable)
33	MORTUARY CHARGES (Payable)
34	WALKING AIDS CHARGES (Rental Charges Payable)
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) (Rental charges payable)
36	SPACER (Payable)
37	SPIROMETRE (Payable)
38	NEBULIZER KIT (Rental Charges Payable)
39	STEAM INHALER (Payable)
40	ARMSLING (Payable)
41	THERMOMETER (Payable)
42	CERVICAL COLLAR (Payable)
43	SPLINT (Payable)
44	DIABETIC FOOT WEAR (Payable)

45	KNEE BRACES (LONG/ SHORT/ HINGED) (Payable)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER (Payable)
47	LUMBO SACRAL BELT (Payable)
48	NIMBUS BED OR WATER OR AIR BED CHARGES (Rental Charges Payable)
49	AMBULANCE COLLAR (Payable)
50	AMBULANCE EQUIPMENT (Rental Charges Payable)
51	ABDOMINAL BINDER (Payable)
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES (Not Payable)
53	SUGAR FREE Tablets (Not Payable)
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) (Payable)
55	ECG ELECTRODES (Not Payable)
56	GLOVES (Payable)
57	NEBULISATION KIT (Payable)
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] (Not Payable)
59	KIDNEY TRAY (Not Payable)
60	MASK (Payable)
61	OUNCE GLASS (Not Payable)
62	OXYGEN MASK (Payable)
63	PELVIC TRACTION BELT (Rental charges payable)
64	PAN CAN (Not Payable)
65	TROLLY COVER (Not Payable)
66	UROMETER, URINE JUG (Not Payable)
67	AMBULANCE (Payable)
68	VASOFIX SAFETY (Payable)

Consequently, the 'List I – List of non -payable items' as per Annexure "A" of the Policy Wording stands deleted.

WHAT ARE THE ADD ONS AVAILBLE WITH THE POLICY:

1.OPD Cover for Essential Health Protector(UIN: IFFHLIA25036V012425)

Coverage

In lieu of payment of additional premium, We shall indemnify the Reasonable and Customary Charges incurred within the Policy Period for OPD Consultation and/or associated Diagnostic Services pertaining to the Insured Person(s) up to the limit of liability mentioned against this Add-On for each policy year in the Policy Schedule.

Limit of Liability

- The limit of liability under this add-on shall be independent of the Base Policy Sum Insured.

Annual Sum Insured Limits	
Base Policy Basic SI	**Maximum Limit of Liability**
SI 5 L - <10 L	10,000
SI 10 L- 15 L	15,000
SI >15 L	20,000

Annual OPD consultation Sub-Limits			
Base Policy Basic SI	**Sub-limit for General Physician consultation**	**Sub-limit for Specialist consultation**	**Maximum limit of OPD consultations (General/ Specialist)**
SI 5 L - <10 L	500	1200	4
SI 10 L- 15 L	750	1800	4
SI >15 L	1000	2400	4

Conditions Applicable

a) Expenses under this Add-on are covered for AYUSH and allopathic treatments only.
b) A claim under this Add-on would not affect the No Claim Bonus.
c) Any Voluntary Co-pay chosen in the Base Policy shall not be applicable for this Add-on.
d) Reinstatement of Sum Insured during the Policy year is not available for this Add-on.
e) This add-on shall supersede the below mentioned General Exclusions of the base product, upto the extent of coverage mentioned under this add-on:
    i. Investigation & Evaluation (Code- Excl04)
    ii. Refractive Error: Code- Excl15
    iii. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.
    iv. Any other type of Laser treatments / surgeries for Eye which can be performed on OPD basis.

Exclusions Applicable

a) Dentist Consultation or Procedures.
b) Pharmacy Expenses
c) Expenses on consultations of Nutritionists/Dieticians.
d) Expenses on Physiotherapy.
e) Intra-articular Injections
f) Aesthetic or cosmetic consultation/treatment.
g) Preventive Medical Check Up.
h) Any FMCG or Consumer Packaged goods/items sold at the Pharmacy/Chemist shops.
i) Any nutritional supplements unless prescribed by the Medical Practitioner.
j) Any consultation, investigation,diagnostic or pharmacy claim related to pregnancy or childbirth.

2. Dental Cover for Essential Health Protector(UIN: IFFHLIA25037V012425)

Coverage

In lieu of payment of additional premium, We shall indemnify the Reasonable and Customary Charges incurred on acute treatment of a natural tooth or teeth or the services and supplies provided by a licensed dental practitioner, for the below mentioned services, up to the limit of liability mentioned against this Add-On for each policy year in the Policy Schedule.

a) Root Canal Treatment (single or multiple sittings)
b) Tooth extraction(s)
c) Filling(s)
d) Dental / oral treatment, procedures and preventive, restorative services related to disease, disorder and conditions related to natural teeth or tooth taken on outpatient basis.

Limit of Liability

- The limit of liability under this add-on shall be independent of the Base Policy Sum Insured.

Annual Sum Insured Limits	
Base Policy Basic SI	**Maximum Limit of Liability**
SI 5 L - <10 L	10,000
SI 10 L- 15 L	15,000
SI >15 L	20,000

Conditions Applicable

a) A waiting period of continuous 24 months shall be applicable from the time this Add-on is opted by the Insured Person under this Policy.
b) If this Add-On Sum Insured is enhanced during renewal, then 24 months of continuous coverage would apply afresh to the extent of the increased Sum Insured amount.
c) A claim under this Add-on would not affect the No Claim Bonus.
d) Any Voluntary Co-pay chosen in the Base Policy shall not be applicable for this Add-on.
e) Reinstatement of Sum Insured during the Policy year is not available for this Add-on.
f) This add-on shall supersede the below mentioned General Exclusions of the base product, upto the extent of coverage mentioned under this add-on.
    i. Dental treatment or surgery of any kind, unless requiring Hospitalization' and
    ii. 'Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim'.

Exclusion Applicable

Dental implants/artificial structures, Computer Aided Design/ Computer Aided Manufacturing restorations and bone grafts.

3. Maternity Cover for Essential Health Protector(UIN: IFFHLIA25038V012425)

Specific Definition

Maternity Expenses shall include:

i.medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

ii. expenses towards lawful medical termination of pregnancy during the Policy Period.

Coverage

In lieu of payment of additional premium, We shall indemnify the Insured Person for Reasonable and Customary inpatient Maternity Expenses, up to the limit of liability mentioned against this Add-On.

Limit of Liability

- The limit of liability under this add-on shall be independent of the Base Policy Sum Insured.

Annual Sum Insured Limits	
Base Policy Basic SI	**Maximum Limit of Liability**
SI 5 L - <10 L	50,000
SI 10 L- 15 L	75,000
SI >15 L	100,000

Conditions Applicable

a) A waiting period of continuous 24 months shall be applicable from the time this Add-on is opted by/for the Insured Person under this policy.
b) This Add-on is not available for Insured person(s) who is/are already having two or more living children .
c) Our maximum liability in a policy year shall not exceed the limits of liability mentioned against this Add-on mentioned in the Policy Schedule against this add-on.
d) Pre-natal (period from conception until delivery of baby) and post-natal (up to 30 days from date of delivery of baby) inpatient expenses will be covered within the limits of this Add-on.
e) The Insured Person is or above the legal marriageable age in India to opt for this cover.
f) This Add-on can be opted only at the time of inception or renewal of the Base Policy
g) This Add-on shall cover maximum upto two live births of the Insured Person(s) during the lifetime of the policy.
h) Minimum 2 years of continuous waiting period would apply afresh after the delivery of the first live birth. However, in case of miscarriage or still birth in any of the pregnancies, subsequent 24 months waiting period shall not apply.
i) If the Sum Insured under this Add-on is enhanced during renewal, then 24 months of continuous waiting period would apply afresh to the extent of the increased limit of liability.
j) A claim under this Add-on would not affect the No Claim Bonus.
k) Any Voluntary Co-pay chosen in the Base Policy shall not be applicable for this Add-on.
l) Reinstatement of Sum Insured during the Policy year is not available for this Add-on.
m) If an Insured Person under this Add-on becomes a widow during the pre-natal period, the maternity claim shall be payable on actuals upto the Base Policy Sum Insured(including Cumulative Bonus).
n) Any inpatient expenses incurred for management of ectopic pregnancy shall be covered under the Base Policy
o) If Consumable Cover extension is opted in the base policy,it shall be applicable to this Add-on up to the limit of liability under this Add-on.
p) This add-on shall supersede the below mentioned General Exclusions of the base product, upto the extent of coverage mentioned under this add-on.
   i.Maternity Expenses (Code - Excl18)'
   ii.Pre-natal and post-natal expenses'

Exclusions Applicable

a) Expenses incurred in respect of harvesting and storage of stem cells for any purposes whatsoever.
b) Additional Benefits under the Base Policy (Daily Allowance, Ambulance Charges, Pre and Post Hospitalization Expenses) shall not be covered.

WHAT ARE THE EXCLUSIONS & WAITING PERIOD ON THE POLICY:

We will not pay for:

(I)STANDARD EXCLUSIONS

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 36 months of continuous coverage after the date of inception of the first policy, with Us.
b) In case of enhancement of basic sum insured the exclusion shall apply afresh to the extent of sum insured increased.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of IRDAI (Insurance Products) Regulations,2024 and its subsequent Circulars, then waiting period for the same would be reduced to the extent of prior coverage.
d) 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)**

a) 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.
b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced basic 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 basic sum insured the exclusion shall apply afresh to the extent of sum insured increased.
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) Surgical treatment for Tonsillitis/ Adenoids
ii) Tympanoplasty / Septoplasty
iii) Fistula in anus, Anal Sinus, Piles
iv) Any type of Carcinoma / Sarcoma/ Blood Cancer
v) Varicose Veins / Varicose Ulcers
vi) All types of Ligament Meniscus Tears

ii. 24 Months waiting period

i) Cataract, Benign Prostatic Hypertrophy, DUB
ii) Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectamy
iii) Hernia, Hydrocele
iv) Sinusitis
v) Gall Bladder, Billiary, Renal and Urinary Stones
vi) Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident)
vii) Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident)
viii) Chronic Renal failure
ix) Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump

4. **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 Person. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

5. **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.

6. **Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12**

7. **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.

8. **Investigation & Evaluation(Code- Excl04)**
   i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
   ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

9. **Maternity Expenses (Code - Excl18):**
   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.

10. **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

11. **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.

12. **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.

13. **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

14. **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 You/Insured Person 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/Insured Person to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission. Website Link-https://www.iffcotokio.co.in/contact-us?tab=hospital)

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

16. 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**

17. 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**

(II)SPECIFIC EXCLUSIONS

1. Any disease aggravated by Diabetes and/or Hypertension for a waiting period of 90 days.
   However, if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under Excl01 above and will be covered after 36 months of continuous coverages with Us. In case of portability, such waiting period shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

2. 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.

3. 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.

4. Cost of spectacles and contact lens or hearing aids.

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

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

7. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this

exclusion:
Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

8. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.

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

10. 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

11. 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.

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

13. Pre-natal and post-natal expenses.

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

15. 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.

16. 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
    (xiii) Critical Illness - Cancer of Specified Severity, Coma of Specified Severity, Kidney Failure Requiring Regular Dialysis, Major Organ /Bone Marrow Transplant, Motor Neuron Disease With Permanent Symptoms, Multiple Sclerosis with Persisting Symptoms, Myocardial Infarction (First Heart Attack - Of Specified

Severity), Open Chest CABG, Open Heart Replacement Or Repair Of Heart Valves, Permanent Paralysis Of Limbs, Stroke Resulting In Permanent Symptoms

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

18. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy.

19. Any other system of medicine/ treatment apart from Allopathy and AYUSH, unless recognized by the Central Government/Central Council of Indian Medicine or any other agency authorized by the Government of India.

20. Intra-articular injections.

21. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.

22. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.

PRE-POLICY MEDICAL UNDERWRITING:

Based on the information declared on the proposal form, Medical underwriting through Telephonic call would be conducted for the following cases:

i. Individuals above 45 (Forty-five) years of age being covered for the first time under this policy.
ii. When basic Sum Insured is being enhanced.
iii. Individuals with past medical history
iv. When there is break in insurance for more than 30 days

GENERAL TERMS AND CLAUSES

1. **Free Look 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 Person shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

   If the insured Person has not made any claim during the Free Look Period, the insured Person shall be entitled to

   a) 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
   b) 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
   c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

2. **Migration**

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the Policy atleast 30 days before the policy renewal date. If You/Insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below:

i. The waiting periods specified in "What are the exclusions & waiting period on the policy" :

(I)Standard Exclusions,Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus(as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

iii. Moratorium Period

We may underwrite your migration proposal, in case You are not continuously covered for 36 months

3. Portability

You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from due date for renewal. If You/ Insured Person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:

i. The waiting periods specified in "What are the exclusions & waiting period on the policy" :

(I)Standard Exclusions,Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

iii. Moratorium Period

4. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

5. Renewal

The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured Person, provided the product is not withdrawn and also subject to the following conditions:

i. The Company shall send renewal notices to the Policyholder,at least 30 days in advance from Policy due date.

ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years

iii. Request for renewal along with requisite premium shall be received by 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.Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.

vi. No loading shall apply on renewals based on individual claims experience.

6. Multiple Policies:

a)For Indemnity Coverages-In case of multiple policies taken by You/ Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In case, the available coverage under the said policy is less than the admissible claim amount, the insurer chosen by the Insured Person shall seek the details of other available policies of the Insured Person and shall coordinate with other Insurers to ensure settlement of the balance amount as per the respective policy conditions.

b)For Benefit Coverage-On occurrence of the Insured event, You can claim from all Insurers under the Policy.

7. Payment Of Premium

The premium payable shall be paid in advance before commencement of risk.

8. Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

9. Cancellation

a) The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall
   i. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
   ii. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

b) We may cancel the Policy at any time on grounds of established fraud or non-disclosure of material facts or mis-representation, by You/the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on these grounds.

10. Grace Period

The grace period for payment of the premium shall be:

a) fifteen days for monthly installment modes, (wherever applicable)

b) thirty days for any other installment modes (wherever applicable)

c) thirty days for renewal.

Provided,

a) the coverage shall be available during the grace period, wherever the premium payment is paid in installments. (wherever applicable)

b) Coverage is not available during the period for which no premium is received after the expiry of the Policy.

11. Automatic Change In Coverage Under The Policy

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

a) In the case of his/ her (Insured Person) demise. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to Us 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.

b) Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

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

We may revise or modify the terms of the policy including the premium rates on renewal. You shall be notified three months before the changes are affected.

13. 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.

14. 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.

15. 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.

16. Disclaimer Clause

If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

17. Claim Settlement(Provision for Penal Interest)

i. We shall settle or reject a claim (other than cashless), as the case may be, within 15 days from the date of submission of claim..

ii. In the case of delay in the payment of a claim, We shall pay interest to You from the date of receipt of intimation to the date of payment of claim at bank rate** plus 2%.Such interest shall be suo-moto paid by Us.

iii. However, where the circumstances of a claim warrant an investigation during adjudication of the claim, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of submission of claim. In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days of investigation period, We shall be ,liable to pay interest to You at a rate bank rate** plus 2% from the date of receipt of intimation to the date of payment of claim. Such interest shall be suo-moto paid by Us.

**"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of IRDAI (Protection of Policyholder's Interests, Operations and Allied Matters of Insurers), 2024 and Master Circulars issued thereunder..

18. Claim Procedure and Requirements:

a. Notification of Claim

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

For more details refer below link

https://www.iffcotokio.co.in/claims/claim-procedure

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

b. Procedure for Cashless claims:

(i) Treatment may be taken in a network provider and is subject to pre authorization by Us or Our authorized TPA.

(ii) Cashless request form available with the network provider and TPA shall be completed and sent to Us/TPA for authorization.

(iii) We/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

(iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

(v) We/ TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

(vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

c. Procedure for reimbursement of claims:

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

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

Documents to be submitted:

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

i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
ii. Photo Identity proof of the patient
iii. Medical practitioner's prescription advising admission
iv. Original bills with itemized break-up
v. Original Payment receipts
vi. Pharmacy Bills (Original Only) with supporting prescriptions
vii. Discharge summary including complete medical history of the patient along with other details. (Photo Copy in case of claim for Pre/Post Hospitalization only)

viii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner

ix. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).

x. Sticker/Invoice of the Implants, wherever applicable.

xi. All previous treatment papers related to Ailment of last 3 years. (In some cases, we may ask for more than 3 years record if required)

xii. Copy/Copies of previous insurance policies if required (in case not provided earlier)

xiii. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.

xiv. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.

xv. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque

xvi. CKYC number of the Policyholder (Pan Card and Identity Proof with Address) as per AML Guidelines

xvii. Identity Proof with Address Proof of the Insured Person with respect to whom, claim is reported.

xviii. Legal heir/succession certificate, wherever applicable

xix. Any other document if insured wants to furnish in support of the claim

Note:

1. We shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, We shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to Our satisfaction.
3. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies).
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

19. <u>Provision for Senior Citizens</u>

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Toll Free: 1800-103-5498

Courier: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

E-mail: seniorcitizengrievance@iffcotokio.co.in

20. Get In Touch With Us

In case of any query, You may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address: IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

21. Redressal Of Grievance

In case of any grievance, the Insured Person may contact Us through:

Website: https://www.iffcotokio.co.in/customer-services/grievance-redressal

Grievance Registration: Follow the above-mentioned link and fil the details to register the grievance

Toll Free: 1800-103-5499

Email: chiefgrievanceofficer@iffcotokio.co.in

Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

Insured Person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at https://www.iffcotokio.co.in/contact-us

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link
https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- https://bimabharosa.irdai.gov.in/Home/Home

The contact details of the Insurance Ombudsman offices have been provided in the below link:

- https://www.cioins.co.in/Ombudsman

Please refer the Policy Wording for Detailed Cover details and conditions.

PREMIUM CHART

Policy Period 1 year										
Individual basis										
Premium excl. GST										
Age/SI	**0-25**	**26-35**	**36-45**	**46-55**	**56-60**	**61-65**	**66-70**	**71-75**	**76-80**	**>80**
500,000	4,890	5,620	7,530	10,335	15,915	27,420	28,745	35,330	47,065	62,480
750,000	6,130	7,035	9,420	12,905	19,860	34,185	35,835	44,035	58,650	77,850
1,000,000	6,545	7,510	10,050	13,775	21,190	36,485	38,245	46,995	62,590	83,075
1,500,000	7,555	8,675	11,625	15,945	24,555	42,305	44,345	54,500	72,605	96,380
2,000,000	9,090	10,450	14,020	19,255	29,675	51,160	53,635	65,930	87,845	116,630
2,500,000	11,490	13,215	17,755	24,405	37,655	64,970	68,110	83,740	111,600	148,190
3,000,000	14,540	16,730	22,505	30,960	47,800	82,520	86,515	106,385	141,795	188,310

Floater basis

Floater Discount applicable on aggregate premium of all insureds within a policy	
2 Members	15%
3 Members	20%
More than 3 Members	25%

Extension - Consumable Cover

To offer a cover for medically necessary consumables, the premium for base policy (incl. maternity add-on (if opted)) will be loaded by 7.50%

Policy Period 2 year & 3 year		
Policy Period	**Discount %**	
2	**4%**	
3	**7%**	
Installment Facility applicable only on Policy Term 1 year		
Installment Type (*IT*)	**Loading %**	
Monthly (12)	**4%**	
Quarterly (4)	**3%**	
Half Yearly (2)	**2%**	

Note: The rates above may vary based on Insured Person's declaration of their Medical Condition

DISCOUNTS

1. **Family Discount:** In case of Individual basis, Insured can avail family Discount on total premium as per the following scale depending upon the total number of insured persons covered under the policy at inception of the cover.
    - 2 (two) Family Members --5%
    - 3 (three) or more Family Members --10%

2. **Other Discounts**

a) Discount for employees covered under a Group Mediclaim Policy: All the employees covered under a Group Mediclaim Policy will be eligible for Upto 10% discount.

b) Direct/ Online discount: Upto 10% discount in policy premium is permitted for all customers who buys policy directly through IFFCO- TOKIO website/walk-in.

c) Upto 20% discount for all employees of IFFCO-TOKIO.

d) Upto 5% discount for woman proposers

e) Upto 10% discount in policy premium for all customers holding any other insurance policy of IFFCO TOKIO.

Note: All the above discounts are on cumulative basis and cannot exceed a total of 25%(twenty-five) percent. However, the discount in lieu of reward points will be over and above the 25% limit.

3. Discount for Co-payment

On availing the option of co-pay, the insured can obtain the discount on premium as follows:

Co-payment Percentage	Discount
10%	10%
20%	20%
25%	25%

Premium Illustration –

Illustration for One Year Term-Individual Basis policy	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
Age of the Members Insured	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount for 2 members	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
0-25	4,890	500,000								
26-35	5,620	500,000	5,620	5%	5,339	500,000	5,620	15%	4,777	500,000
36-45	7,530	500,000	7,530	5%	7,154	500,000	7,530	15%	6,401	
46-55	10,335	500,000								
56-60	15,915	500,000								

61-65	27,420	500,000						
66-70	28,745	500,000						
71-75	35,330	500,000						
76-80	47,065	500,000						
>80	62,480	500,000						
			Total Family Premium	**12,493**		**Total Family Premium**	**11,178**	

PREMIUM CHARTS FOR ADD ONS

1.OPD Cover for Essential Health Protector

Policy Period 1 year	
Individual basis	
Limit of Liability	**Premium excl. GST**
10,000	7,955
15,000	12,690
20,000	16,925
Floater basis	
In case of family floater policy, the above premium will be loaded by 10% irrespective of number of members in the policy	
Policy Period 2 year & 3 year	
Policy Period	**Discount %**

2	4%
3	7%

Installment Facility applicable only on Policy Term 1 year

Installment Type (*IT*)	Loading %
Monthly (12)	4%
Quarterly (4)	3%
Half Yearly (2)	2%

2. Dental Cover for Essential Health Protector

Policy Period 1 year

Individual basis

Limit of Liability	Premium excl. GST
10,000	4,615
15,000	6,925
20,000	9,145

Floater basis

In case of family floater policy, the above premium will be loaded by the following % depending on the number of members in the policy as below:

No. of Members	Loading %
2	10%
3	20%
>3	30%

Policy Period 2 year & 3 year

Policy Period	Discount %
2	4%
3	7%

Installment Facility applicable only on Policy Term 1 year

Installment Type (*IT*)	Loading %
Monthly (12)	4%
Quarterly (4)	3%
Half Yearly (2)	2%

Note: The rates above may vary based on Insured Person's declaration of their Medical Condition

3.Maternity Cover for Essential Health Protector

Policy Period 1 year

Individual basis

Limit of Liability	Premium excl. GST
50,000	15,295
75,000	22,945
1,00,000	30,590

Policy Period 2 year & 3 year

Policy Period	Discount %
2	4%
3	7%

Installment Facility applicable only on Policy Term 1 year

Installment Type (*IT*)	Loading %
Monthly (12)	4%
Quarterly (4)	3%
Half Yearly (2)	2%

Note: The rates above may vary based on Insured Person's declaration of their Medical Condition