IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Swasthya Raksha Bima (SRB)

UIN: IFFHLIP21326V022021

Prospectus/ Sales Literature

Scope of Cover

The Policy offers a protection cover for you and your family for any injury or disease related contingencies like hospitalization, medical expenses, surgical expenses, Organ transplantation etc. The Policy covers the members of the Family consisting of you, your spouse and financially dependent children up to the age of 23 years on a floater basis. Coverage is under a single Sum Insured and no separate Sum Insured is required for each member of the Family. Thus each member of Family draws claims from the single Limit of Indemnity.

The policy provides maximum coverage if treatment of any covered medical condition is taken in Zone B cities (Annexure 1). For other cities, a co-pay shall be applicable.

The Policy is brought to You by ITGI at an affordable premium.
Claim is directly serviced by IFFCO TOKIO without any Third party administrator. We also offer an option to migrate to any suitable health policy with the continuity of the coverage in terms of waiting period.
The Policy provides the coverage for one year.

AGE LIMIT:

This insurance is available to persons between the age of 18 years and 65 years. Financially dependent children between the age of 91 days and 23 years of age can be covered provided one or both parents are covered concurrently.

No first-time coverage shall be provided for persons above 65 years. However, renewals are allowed without any upper age limit.

Sum Insured: 1 lakh/ 2 lakh/ 3 lakh/ 4 lakh/ 5 lakh.

PRE-ACCEPTANCE MEDICAL CHECK UP: a) For an individual in age group of completed 45 (forty-five) years to 55 (fifty-five) years following Medical check-up is required:

1. Blood Sugar (PP & Fasting)
2. ECG with Doctors report
3. Urine Test and Physical fitness certificate

b) For an individual in age group of 55 (fifty-five) years to 65 (sixty-five) years following Medical check-up is required:

1. Lipid profile
2. Kidney Function Test
3. Reports as per tests defined under (a)

The above tests will also be mandatory in following cases:

a) Fresh proposals, as per a) and b) mentioned above in respect of persons between 45 to 55 years and above 55 years, respectively.
b) If the basic sum insured is being sought to be enhanced.
c) When there is break in insurance for more than 30(thirty) days.
d) Individuals with past medical history.

In event of acceptance of proposal, 50% (fifty percent) cost of medical check-up will be reimbursed to you. The validity of aforesaid tests would be 15 days.

Medical test and age limit criteria may vary as per company guidelines applicable at the time of risk acceptance.

LIMITS OF LIABILITY:

S.No.	Nature of Expense	Limits
1.	Hospitalization Stay	
(a)	Room, Boarding & Nursing (Normal room)	1.0% of Basic Sum Insured per day.
(b)	Room, Boarding & Nursing (ICU/ITU)	2.0% of Basic Sum Insured per day.
(c)	Service Charges of Hospital/Nursing Home	Actual within overall limit of Sum Insured
2	Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline	Actual within the overall limit of Sum Insured
3	Anaesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.	Actual within the overall limit of Sum Insured

<table>
<tr><td>4.</td><td>Domiciliary Hospitalization Treatment</td><td>20% of Basic Sum Insured</td></tr>
<tr><td>5.</td><td>Daily Allowance for actual Hospitalization period</td><td>Rs.150/- per day of Hospitalization.</td></tr>
<tr><td>6.</td><td>Ambulance Charges</td><td>Actual subject to max of Rs. 750/-</td></tr>
<tr><td>7.</td><td>Package Charges for Treatment</td><td>The Hospitalization expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network</td></tr>
<tr><td>8.</td><td>Treatment of person donating an organ</td><td>Actual subject to limits under Items (1) to (3) within the overall Sum Insured of the Insured Person.</td></tr>
<tr><td>9.</td><td>Pre-Hospitalization expenses for 30 days each including approved home nursing approved by Medical Practitioner</td><td>Actual subject to overall limit of Sum Insured</td></tr>
<tr><td>10</td><td>Post Hospitalization Expenses</td><td>Relevant medical expenses up to 7% of Hospitalization expenses (excluding Room Rent) incurred during period up to 30 days after Hospitalization on Disease/illness/Injury sustained subject to maximum of Rs.7500/-, which will be part of Hospitalization expenses claim.</td></tr>
<tr><td>11</td><td>Day Care Procedures</td><td>Day care procedures are covered as per annexure “List of Day Care Procedures” which does not require minimum Hospitalization period of 24 hours
(Note: The list of such treatments is dynamic and hence may change from time to time. Hence, we suggest you to please check our website(https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/day-care-procedures-fhp.pdf)/ contact our nearest office for updated list of such treatments.)</td></tr>
<tr><td>12</td><td>Expense Limit per Claim</td><td>LIST OF TREATMENTS
<table>
<tr><th>S. No.</th><th>Treatment List</th><th>Expense Limit Per Claim</th></tr>
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		A	Cataract	5% of the Sum Insured subject to maximum of Rs 15,000/-
		B	Piles, Fistula, Fissure, Tonsillitis, Sinusitis	8% of the Sum Insured subject to maximum of Rs 25,000/-
		C	Benign Prostatic Hypertrophy, Hernia	8% of the Sum Insured subject to maximum of Rs 30,000/-
		D	Knee/Hip Joint replacement, Cancer, renal failure	30% of the Sum Insured subject to maximum of Rs 1,00,000/-
		E	Appendicitis, Gall Bladder stones and Hysterectomy	10% of the Sum Insured subject to maximum of Rs 25,000/-
13	AYUSH Hospitalization	Covered within Sum insured		

Note

a) The Hospitalization expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network.
b) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the sub-limits applicable to the Insured Person within the Sum Insured.
c) 35% copay if the Insured person takes treatment in Zone A (Annexure 1).

Exclusions
WE will not pay for

1. **Pre-Existing Diseases(Code- Excl01)**
   a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
   b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (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)**
   i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. **Specific Waiting Period: (Code- Excl02)**
   a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12/ 24 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
   b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
   d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI (Insurance Products) Regulations,2024 and its subsequent Circulars, then waiting period for the same would be reduced to the extent of prior coverage.
   f) List of specific diseases/procedures

i. 12 Months waiting period

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

ii. 24 Months waiting period

(i) Cataract, Benign Prostatic Hypertrophy,
(ii) Hysterectomy for Menorrhagia or Fibromyoma
(iii) Hernia, Hydrocele
(iv) Fistula in anus, Piles, Sinusitis
(v) Cholelithiasis and Cholecystectomy
(vi) Spondylosis / Spondylitis – any type
(vii) Inter- vertebral Disc Prolapse (other than caused by an accident)
(viii) Knee replacement/ Joint Replacement/ Hip replacement (other than caused by an accident)
(ix) Osteoarthritis

(x) Varicose Veins / Varicose Ulcers

4. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds

5. Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment, inoculation.

6. **Cosmetic or plastic Surgery: Code- Excl08**
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

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

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

9. **Rest Cure, rehabilitation and respite care- Code- Excl05**
   a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

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

11. **Breach of law: Code- Excl10**
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

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

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

14. **Maternity Expenses (Code - Excl 18):**

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

15. **Sterility and Infertility: (Code- Excl17)**
Expenses related to sterility and infertility. This includes:
i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

16. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

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

18. **Unproven Treatments: Code- Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness

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

20. **Hazardous or Adventure sports: Code- Excl09**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving

21. Expenses related to any treatment necessitated due to participation as a non-professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

22. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment.

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

24. **Obesity/ Weight Control: Code- Excl06**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
   a) greater than or equal to 40 or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

25. **Change-of-Gender treatments: Code- Excl07**

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

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

27. Pre-natal and post-natal expenses.

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

29. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.

30. Any expense under Domiciliary Hospitalization for

Treatment of following Diseases:

(i) Asthma
(ii) Bronchitis
(iii) Chronic Nephritis and Nephritic Syndrome
(iv) Diarrhea and all type of Dysenteries including Gastro-enteritis
(v) Diabetes Mellitus
(vi) Epilepsy
(vii) Hypertension
(viii) Influenza, Cough and Cold
(ix) Pyrexia of unknown origin for less than 15 days
(x) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
(xi) Arthritis, Gout and Rheumatism
(xii) Dental Treatment or Surgery

31. **Excluded Providers: Code- Excl11**

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

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you/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)

32. **Refractive Error: Code- Excl15:**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

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

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

35. Intra-articular injections.

36. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code- Excl13**

37. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**

Benefits under the Policy

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

1. Medical Consultation, Evaluation and Referral
2. Emergency Medical Evacuation
3. Medical Repatriation
4. Transportation to Join Patient
5. Care and/or Transportation of Minor Children
6. Emergency Message Transmission
7. Return of Mortal Remains
8. Emergency Cash Coordination

Key Condition: The Emergency Assistance Services are available when you meet with an accident while travelling **150 kms** and more from your place of residence stated in the Policy .The services are to be availed through the Service Provider only and no reimbursement is provided for these.

REINSTATEMENT OF SUM INSURED

If the Insured person gets hospitalized and the claim is payable, the sum insured gets reduced by the payable amount. Hence, in case insured wants to reinstate the sum insured, he may opt for the same at the time of claim.

After occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of the claim after charging appropriate premium as per the following method for reinstatement of the basic sum insured so that full basic sum insured is available for the policy period:

a) Reinstatement of basic sum insured will be to the extent of claim amount paid.
b) Reinstatement premium will be deducted from the claim amount.
c) Reinstatement will be effected for the period from the first date of Hospitalization up to the expiry date of the policy.
d) This reinstated basic sum insured will not be available for the Hospitalization treatment expenses of the illness, disease, injury for which the insured person(s) was/were hospitalized. It will be available for treatment including that for the same illness or any other disease, illness (other than chronic diseases listed below under point g) which are not cases of relapse within 45(forty five) days of first Hospitalization for which Insured person(s) was/were hospitalised. Further even in the first Hospitalization period, if the insured person(s) sustain any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the reinstated basic sum insured will be available for payment of claim for subsequent disease/injury/illness which insured person(s) has/have sustained whilst being in the hospital for the other disease/injury.
e) Though the basic sum insured will be reinstated as soon as Hospitalization of the insured person(s) take place, the premium for the same shall be recovered from the claim settlement amount.
f) Premium will be computed on pro-rata on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation:

$$\text{Reinstatement Premium} = \left[\frac{\text{(Annual Premium x Claim Amount)}}{\text{Total Basic Sum Insured}} \times \left[\frac{\text{Remaining number of days of the policy (calculated from the date of admission in the hospital)}}{365}\right]\right]$$

g) The reinstated basic sum insured will not be available for the following chronic disease where the initial claim under the same policy period has been lodged for:
   (i) Cancer of specified severity
   (ii) Coma of Specified Severity
   (iii) End Stage Liver Disease
   (iv) Kidney Failure Requiring Regular Dialysis
   (v) Major Injuries
   (vi) Major Organ /Bone Marrow Transplant
   (vii) Multiple Sclerosis with Persisting Symptoms

(viii) Open Chest CABG
(ix) Third Degree Burns
(x) Stroke Resulting in Permanent Symptoms

i) The reinstatement of sum insured will not be available for Domiciliary Hospitalization.

Additional Advantages

- Income Tax benefits under Section 80D. Click here to know more about Tax Benefit
- Hassle free claims procedure
- Cashless claim facility available at over 4000 network hospitals across India. The list of network hosptials is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.

Premium and Sum Insured

The premium is dependent on the highest age of the member of the Family and on the number of insured person viz. Proposer and spouse, Proposer, spouse and dependent children.

Please note

- Hospitalization should be for a minimum period of 24 hours except for specific treatments such as eye surgery, lithotripsy, tonsillectomy and listed Day Care Surgeries.
- Section 80 D benefit under Income Tax Act is available on the total premium paid by cheque for self and family (consisting of self, spouse, dependent children).
- There is a sub-limit under the Policy for room rent. ICU charges, Domiciliary Hospitalization where expenses of treatment at home is reimbursed under specified conditions.

Renewal

The policy shall 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.

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 is not covered" point no1,2 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

Portability

You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date of 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 is not covered" point no1,2 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

Free Lookup Period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

You/the insured shall be allowed a period of 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 has not made any claim during the Free Look Period, the insured shall be entitled to

i. A refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or
ii. Where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

Cancellation

The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall:

a) 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.
b) 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.

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

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. You shall be notified three months before the changes are affected.

Withdrawal of Policy

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

Fraud

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

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

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

a) the suggestion, as a fact of that which is not true and which You/the insured person do/does not believe to be true;

b) the active concealment of a fact by the insured person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

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

Get in touch with us

In case of any query, the 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

Redressal Of Grievance

In case of any grievance, Youmay contact Us through:

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

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

For Updated List of Ombudsman Address, Please visit:

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

Provision for Senior Citizens

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

E-mail: seniorcitizengrievance@iffcotokio.co.in
Toll free: 1800-103-5498
Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

Discounts

1) **Discount for employees covered under the Group Mediclaim Policy**
All the employees covered under the Group Mediclaim Policy insured with IFFCO TOKIO will be eligible for discount as per below mentioned slabs –

Sum Insured opted under Swasthya Raksha Bima	Discount
Rs.4 (Four) lakh and above	10% (ten percent)

2) 10% (ten percent) discount in policy premium for all customers holding any other insurance policy of IFFCO TOKIO.
3) 20% (twenty percent) discount for all employees of IFFCO TOKIO.
4) 10% (ten percent) discount in policy premium is permitted for all customers who buy policy directly through IFFCO-TOKIO website.

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 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 click the 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 for Submission
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.

(d) 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 IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers),Regulations,2024 and Master Circulars issued thereunder

This brochure provides only the salient features and for details kindly refer to the policy related documents carefully including Customer Information Sheet, Policy Wording and policy schedule.

Premium applicable

Premium applicable will be based on the Highest age of the Insured Person, Number of members of family proposed (maximum 5) and Sum Insured selected.

1. PREMIUM TABLE:

2 ADULTS, 2 CHILDREN	**Amount in Rs**

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,590	2,952	3,836	4,984	7,278	10,370	12,609	16,169	20,696
200000	4,390	5,004	6,502	8,447	12,336	17,577	21,371	27,404	35,077
300000	5,177	5,902	7,668	9,962	14,548	20,729	25,203	32,318	41,367
400000	5,817	6,630	8,614	11,192	16,345	23,288	28,315	36,309	46,476
500000	6,125	6,982	9,071	11,786	17,211	24,523	29,816	38,234	48,940

1 ADULT , 1 CHILD

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	1,813	2,067	2,685	3,489	5,095	7,259	8,826	11,318	14,487
200000	3,073	3,503	4,551	5,913	8,635	12,304	14,959	19,183	24,554
300000	3,624	4,131	5,367	6,974	10,184	14,510	17,642	22,623	28,957
400000	4,072	4,641	6,030	7,835	11,441	16,302	19,820	25,416	32,533
500000	4,288	4,887	6,350	8,250	12,048	17,166	20,871	26,764	34,258

1 ADULT , 2 CHILDREN

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,072	2,362	3,069	3,987	5,823	8,296	10,087	12,935	16,557
200000	3,512	4,003	5,201	6,758	9,869	14,061	17,097	21,923	28,062
300000	4,142	4,721	6,134	7,970	11,639	16,583	20,162	25,855	33,094
400000	4,653	5,304	6,892	8,954	13,076	18,631	22,652	29,047	37,181
500000	4,900	5,585	7,257	9,429	13,769	19,618	23,853	30,587	39,152

1 ADULT , 3 CHILDREN

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,331	2,657	3,452	4,486	6,551	9,333	11,348	14,552	18,626
200000	3,951	4,504	5,852	7,603	11,103	15,819	19,234	24,664	31,570
300000	4,660	5,311	6,901	8,966	13,093	18,656	22,683	29,087	37,231
400000	5,235	5,967	7,753	10,073	14,710	20,960	25,483	32,678	41,828
500000	5,513	6,284	8,164	10,607	15,490	22,071	26,834	34,411	44,046

2 ADULTS

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,072	2,362	3,069	3,987	5,823	8,296	10,087	12,935	16,557
200000	3,512	4,003	5,201	6,758	9,869	14,061	17,097	21,923	28,062
300000	4,142	4,721	6,134	7,970	11,639	16,583	20,162	25,855	33,094
400000	4,653	5,304	6,892	8,954	13,076	18,631	22,652	29,047	37,181
500000	4,900	5,585	7,257	9,429	13,769	19,618	23,853	30,587	39,152

2 ADULTS , 1 CHILD

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80
100000	2,331	2,657	3,452	4,486	6,551	9,333	11,348	14,552	18,626
200000	3,951	4,504	5,852	7,603	11,103	15,819	19,234	24,664	31,570
300000	4,660	5,311	6,901	8,966	13,093	18,656	22,683	29,087	37,231
400000	5,235	5,967	7,753	10,073	14,710	20,960	25,483	32,678	41,828

500000	5,513	6,284	8,164	10,607	15,490	22,071	26,834	34,411	44,046

2 ADULTS , 3 CHILDREN

Sum Insured/ Age Group	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	**76-80**
100000	2,849	3,248	4,220	5,482	8,006	11,407	13,870	17,785	22,765
200000	4,829	5,505	7,152	9,292	13,570	19,334	23,508	30,145	38,585
300000	5,695	6,492	8,434	10,959	16,003	22,802	27,723	35,550	45,504
400000	6,398	7,293	9,476	12,312	17,979	25,617	31,146	39,940	51,123
500000	6,738	7,680	9,978	12,964	18,932	26,975	32,798	42,058	53,834

Note: The above stated premium (excluding Taxes) & policy coverage's, terms & conditions as per IRDA (Health Insurance Regulations are subject to revision from time to time but chargeable/implementable only at the time of renewal.

This brochure provides only the salient features and for details kindly refers to the complete Policy wordings. For enquires kindly contact our nearest office or Dial Toll Free No. 1800-103-5499 / 1800-345-3303 or visit our website www.iffcotokio.co.in

Illustrations 1 to 6 - Premium calculation for Sum Insured of Rs 500,000/-

Illustration 1 for Premium calculation	**2 Adults and 2 Children** **(Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family))**	
Member	**Age of Member**	**Premium (Rs.)**
Self	**37**	**9071**
Spouse	**40**	
Child 1	**16**	
Child 2	**12**	
Total Family Premium		**9071**

Illustration 2 for Premium calculation	1 Adult and 1 Child (Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family))	
Member	Age of Member	Premium (Rs.)
Self	37	6350
Child 1	16	
Total Family Premium		6350

Illustration 3 for Premium calculation	1 Adult and 2 Children (Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family))	
Member	Age of Member	Premium (Rs.)
Self	37	7257
Child 1	16	
Child 2	12	
Total Family Premium		7257

Illustration 4 for Premium calculation	2 Adults (Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family))	
Member	Age of Member	Premium (Rs.)
Self	37	9071
Spouse	40	
Total Family Premium		9071

Illustration 5 for Premium calculation	2 Adults and 1 Child (Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family))	
Member	Age of Member	Premium (Rs.)
Self	37	8164
Spouse	40	
Child 1	16	
Total Family Premium		8164

Illustration 6 for Premium calculation	2 Adults and 3 Children (Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family))	
Member	Age of Member	Premium (Rs.)

Self	**37**	**9978**
Spouse	**40**	
Child 1	**16**	
Child 2	**12**	
Child 3	**10**	
Total Family Premium		**9978**

Notes: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.

Annexure– I "Geographical Zones"

Zone A

S.No.	City
1	Greater Mumbai
2	Delhi
3	Kolkata
4	Chennai
5	Bangalore
6	Hyderabad
7	Ahmedabad
8	Pune
9	Surat
10	Jaipur

S.No.	City
11	Secundrabad
12	Kanpur
13	Lucknow
14	Nagpur
15	Ghaziabad
16	Indore
17	Coimbatore
18	Kochi
19	Patna
20	Kozhikode

S.No.	City
21	Bhopal
22	Gurgaon
23	Thrissur
24	Vadodara
25	Agra
26	Visakhapatnam
27	Malappuram
28	Thiruvananthapuram
29	Kannur
30	Ludhiana

S.No.	City
31	Nashik
32	Varanasi
33	Noida
34	Madurai
35	Meerut
36	Vijayawada
37	Faridabad

S.No.	City
41	Srinagar
42	Asansol
43	Vasai-Virar
44	Chandigarh
45	Greater Noida
46	Dhanbad
47	Allahabad

S.No.	City
51	Ranchi
52	Raipur
53	Kollam
54	Gwalior
55	Durg-Bhilainagar
56	Tiruchirappalli
57	Kota

38	Rajkot	48	Aurangabad
39	Jamshedpur	49	Amritsar
40	Jabalpur	50	Jodhpur

Zone B

All cities not belonging to Zone A