IFFCO-TOKIO GENERAL INSURANCE CO. LTD
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Health Protector (IHP)
UIN: IFFHLIP26041V062526

SALES LITERATURE/PROSPECTUS

Scope of Cover

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.

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.

Basic Cover

a) Room Rent Expenses as provided in the Hospital/Nursing Home including Hospital Registration/ Service charges.
b) Nursing expenses during Hospitalization periods on advice of Medical Practitioner for duration specified.
c) Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialist fees (including consultation through telemedicine).
d) Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses directly related to the Injury/Illness for which the Insured Person is hospitalized.
e) AYUSH Hospitalization Expenses
f) Reasonable and customary charges incurred for Domiciliary Hospitalization if Medically Necessary upto a maximum aggregate sub-limit of 20%(twenty percent) of the Sum Insured.

Higher Sum Insured for Critical Illness

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

1. Cancer of Specified Severity
2. First Heart Attack - Of Specified Severity
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure Requiring Regular Dialysis
7. Stroke Resulting in Permanent Symptoms
8. Major Organ /Bone Marrow Transplant
9. Permanent Paralysis of Limbs
10. Motor Neuron Disease with Permanent Symptoms
11. Multiple Sclerosis with Persisting Symptoms

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

LIMITS OF LIABILITY:

S No.	Nature of Expense	Limits
1.	Hospitalization Stay	
(a)	Room, Boarding & Nursing (Normal room)	In respect of sum insured less than Rs.5(five) lakhs, room rent expenses subject to following limits: 1. In respect of class A cities, a limit of 1.75% (one and three fourth of a percent) of the sum insured on per day basis or actual whichever is less. 2.In respect of cities other than class "A" cities, a limit of 1.50%(one and half of a percent) of the sum insured on per day basis or actual, whichever is less. **Note**: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmadabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.
(b)	Room, Boarding & Nursing (ICU/ITU)	In respect of sum insured less than Rs.5(five) lakhs, room rent expenses subject to following limits: 1) In respect of class A cities a limit of 3%(three percent) of the sum insured on per day basis or actual whichever is less. 2) In respect of other than class "A" cities a limit of 2.5%(two and half percent) of the sum insured on per day basis or actual whichever is less. **Note**: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmadabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.
(c)	Service Charges and Surcharge	Actual amount subject to maximum of 0.5%(half percent)of Sum Insured.
2	Fees of Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline)	Actual amount up to Sum Insured
3	Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines	Actual amount up to Sum Insured

	and Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs,Cost of transplantation of Organs and similar expenses directly related to the Injury/Illness for which the Insured Person is hospitalized.	
4.	Treatment of person donating an organ	The room rent payable in respect of Donor will be 50% of Room Rent limit of you or your family members covered individually in a single policy (patient) for whom the claim is lodged.
5.	Reasonable and Customary Charges incurred for Domiciliary Hospitalization if Medically Necessary	Upto a maximum aggregate sub-limit of 20% (twenty percent) of the Sum Insured
6.	AYUSH Hospitalization Expenses	Actual amount up to Sum Insured
7.	Terrorism Covered	Actual amount up to Sum Insured

Unique Feature

a) In respect of basic sum insured of Rs. 5(five)lakhs and above (excluding the sum insured of critical illness), the reimbursement of treatment expenses will be payable according to actual expenses without any capping limits.

b) In respect of basic sum insured below Rs. 5 (five) lakhs (excluding the sum insured of critical illness), the capping on Room rent expenses may be removed on additional payment of 6% on the basic premium.

Additional Benefit

We will pay for the additional benefits as mentioned below in accordance with the main-coverage:

1. **Daily allowance**: An additional daily allowance amount equivalent to 0.20% (one fifth of a percent) of the sum insured per day for the duration of hospitalization.
2. **Ambulance charges:** Ambulance charges 1%(one percent) of the sum insured or Rs. 2500(two thousand & five hundred), whichever is less for each hospitalization.
3. **Pre and post hospitalization expense:** Nursing and Medical Expenses during pre-& post hospitalization period on the advice of Medical Practitioners for duration specified subject to the maximum of 60 days for pre-hospitalization and 90 days for post hospitalization expenses.

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 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. **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 accrue at 25% (twenty-five percent) of the basic sum insured for the first claim-free renewal and by 10% (ten percent) at each subsequent renewal in respect of each claim free year of insurance for you or your family members covered individually in a single policy, subject to a maximum of 100% (one hundred percent) 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 accrued
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 1:

If You or your family member covered individually under a single policy 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 accrued	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 lac	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**	Claim free

				(Max capping 100% of base Sum insured)	
10	5 Lakhs	10%	0.5 Lakhs	5 Lakhs **(Max capping 100% of base Sum insured)**	Claim free

b) For cumulative bonus eligibility, the policy has to be renewed within the expiry date or within a maximum of 30 (thirty) 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 you or your family members covered individually in a single policy, the existing cumulative bonus will be reduced at the rate it had accrued, subject to the stipulation that basic sum insured shall be maintained.

Notes:

i. If for you or your family members covered individually in a single policy, there is an accrued CB under the expiring policy, and such expiring policy has been migrated to a family floater policy, then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among you or your family members.
ii. 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 sum insured of the policy.
iii. 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.

d) For cases of portability and migration:
The Cumulative Bonus shall be allowed at the same percentage as mentioned in grid A of point 5 a), however, the percentage of cumulative bonus shall depend on the year of portability/migration to this policy.

Illustration 2:
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

(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 3

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

6. **Day care treatment**: Day care medical treatments listed in Annexure – "List of Day Care Procedures" of the policy document will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.
   (Note: The list of such treatments is dynamic and hence may change from time to time. Hence, we suggest you to please check our website(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.)
7. **Hospitalization expenses if period of hospitalization is less than 24(twenty-four) hours**: We will pay hospitalization expenses if the duration of hospitalization is more than 12(twelve) hours but less than 24(twenty-four) hours except the day care surgeries, the room rent shall be limited to 50% (fifty percent) of the entitled room rent per day.
8. **Cost of health check-up**: You or your family member covered individually under a single policy, shall be entitled to undergo a periodic medical checkup upon renewal of the policy. This benefit is dependent on the sum insured of the policy. The following table may be referred for this benefit:

Sum Insured	Periodicity	Package
Upto 2 lacs	After every 2 claim free years	Package A
Above 2 lacs upto 5 lacs	After every 2 claim free years	Package B
Above 5 lacs upto 10 lacs	After each claim free year	Package C
Above 10 lacs	After each year, irrespective of claim	Package D

Refer Annexure A for details of the Health Checkup 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 Sum Insured or impact the accrued Cumulative Bonus.
e) The check-up/tests have to be undertaken within a year of the expiry of the policy, provided the policy has been renewed and active at the time of availing this benefit.
f) Any unutilized checkup/test cannot be carried forward beyond one year of expiry of the policy.
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 or members of your family covered individually in a single policy.

Disclaimer: IFFCO-Tokio General Insurance Co Ltd. shall not assume any liability for any errors or omissions or consequence of any actions related to the health check-up.

9. **Vaccination expense**s: You or your family member covered individually under a single policy shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy period of 365 (three hundred &sixty-

five) days with us or 366 days in case of leap year, each subject to a maximum of 10% (ten percent) of the total premium paid (excluding taxes, provided no claim are made and the policies were renewed without break).

10. **Emergency assistance services:** This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services. The services are provided when You or your family member covered individually under a single policy is/are traveling within India 150(one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90(ninety) days. No claims for reimbursement of expenses incurred for services arranged by You or your family member covered individually under a single policy 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 or your family member covered individually under a single policy.**

    IFFCO TOKIO General Insurance is the first Insurer to bring to you these services and that too without any sub limits:
    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.
    Specific Exclusions:
    a) Trips exceeding 90(ninety) days from declared residence without prior notification to emergency assistance service provider.
    b) Students at home/school campus address (as they are not considered to be in travel status).

11. **Wellness Services: -** 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 you or members of your family covered individually in a single policy as described below:

    (A) Value Added Services

    (a) Cashless Telemedicine Consultation:

    I. **General Physicians and Specialists**: You or your family member covered individually under a single policy 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 you or members of your family covered individually in a single policy
- 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: You or members of your family covered individually in a single policy 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** - You or your family member covered individually under a single policy can book via our Mobile Application a range of laboratory tests to be performed at diagnostic center and/or at home.

ii. **E-pharmacy** - You or your family member covered individually under a single policy 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:** You or your family member covered individually under a single policy can avail services of our empaneled nutritional counsellor to achieve health goals and obtain guidance for achieving these goals.

iv. **Dental Care-** You or your family member covered individually under a single policy can avail services of our empaneled Dentists

v. **Home care-** You or your family member covered individually under a single policy can avail services of our empaneled Home care providers such as Nurses & physiotherapists.

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

II. <u>Reward Programme :-</u>

This Wellness program aims to motivate, incentivize and reward the healthy habits and efforts of you or members of your family covered individually in a single policy, to improve their health and lifestyle. The activities mentioned below will be tracked by us, wherein they 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
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

REDEMPTION OF REWARD POINTS

You or your family member covered individually under a single policy 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

Details as below:

1. Discount in Renewal Premium:

Earned reward points	Discount in Premium
500	2.5%
1000	5%
1500	7.5%
2000	10%
2500	12.5%

2. Redeemable Vouchers

- 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 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 you 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 your discretion. The costs are to be borne by you or members of your family covered individually in a single policy.

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. You or your family member covered individually under a single policy 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.

Additional Advantages

1. Income Tax benefits under Section 80D only if paid by cheque.
2. Hassle free claims procedure.
3. Cashless claim facility available at over 7000 network hospitals across India.

Sum Insured

1. The policy shall be available with the minimum Sum Insured of Rs. 50,000 (fifty thousand) with subsequent options available in multiple of Rs. 50,000 (fifty thousand) Upto Rs.5 (five) lakhs and then in multiples of Rs.1 (one) lakhs Upto maximum of Rs.20 (twenty) lakhs.
2. In case of increase in basic Sum Insured more than 10% (ten percent) of last year basic Sum Insured at the time of renewal, subject to certain medical check-up required.

Payment of premium

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

Extension of policy period

In case you or members of your family covered individually in a single policy who is/are covered under 'Health Protector Policy' has/have to go abroad for a minimum of 30(thirty) days and accordingly he/she/they buy a Travel insurance policy from IFFCO-Tokio General Insurance Co. Ltd. for those 30(thirty) 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 the Health Protector policy in respect of You or your family member covered individually under a single policy will be extended by 30 (thirty) 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(thirty) days period abroad.

Reinstatement of Basic Sum Insured

After the occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of claim so that the full basic sum insured is available for the policy period subject to the following:

a) Reinstatement of Basic Sum Insured will be to the extent of claim amount paid.

b) Reinstatement premium shall not be charged for the first claim paid/approved during the policy year. In case there are any further claims admissible under the policy, appropriate premium for the reinstatement will be charged.

c) All Reinstatements will be effected for the period from the first date of hospitalization for which the treatment is being taken, 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 hospitalised. It will be available for treatment including that for the same illness (other than chronic disease listed under point g) or any other disease, illness 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(s) 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.

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)

e) Though the basic sum insured will be reinstated as soon as hospitalization of the insured person(s) takes place, the reinstatement premium shall be charged at the time of the claim settlement. (Premium charged after the first free reinstatement)

f) Reinstatement will be applicable on all policies with a basic sum insured of Rs.1.50 lakhs (one lakh and fifty thousand) and above.

g) From the second claim onwards, Re-instatement Premium will be computed on pro-rata basis on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation: -

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

- 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

- The reinstatement of basic sum insured will not be available for Critical illness extension and cumulative bonus.
- The reinstatement of basic sum insured will not be available for Domiciliary Hospitalization.
- The unutilized reinstated sum insured cannot be carried forward to the next renewal.

Co-Payment: On availing this option, 10%, 20% or 25% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim. Once the Co-Payment option is availed by you, it cannot be opted out during the policy period.

Important Exclusions

We will not pay for –

1. Pre-Existing Diseases (Code- Excl01)

i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
ii. In case of enhancement of basic sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. If the Insured Person is continuously covered without any break as defined under the portability norms of 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.
iv. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

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

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the **same** are covered.
ii. This exclusion shall not, however, apply if You or your family member covered individually under a single policy has Continuous Coverage for more than twelve months.
iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. **Specific Waiting Period: (Code- Excl02)**

i. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
ii. In case of enhancement of basic sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI (Insurance Products) Regulations,2024 and its subsequent Circulars then waiting period for the same would be reduced to the extent of prior coverage.

vi. List of specific diseases/procedures.
   (i) Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
   (ii) Hernia, Hydrocele, Congenital Internal Disease.
   (iii) Fistula in Anus, Piles, Sinusitis
   (iv) Cholelithiasis and Cholecystectomy

4. 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 (thirty-six) months of continuous coverages with Us.

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

6. **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.

7. 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.

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

9. 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**

10. **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

11. **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

12. 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.

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

14. **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.

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

16. Breach of law: Code- Excl10
Expenses for treatment directly arising from or consequent upon You or your family member covered individually under a single policy committing or attempting to commit a breach of law with criminal intent

17. Treatment of, external congenital Disease or defects or anomalies, venereal Disease except HIV or intentional self-Injury.

18. Pre-natal and post-natal expenses.

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

20. 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.

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

22. Intra-articular injections.

23. Travel or transportation expenses, other than ambulance service charges.

24. **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

25. 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.

26. 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.

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

28. **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

29. **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.

30. 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.

31. 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**

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

33. 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.

34. 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

35. Any expense under Domiciliary Hospitalization for
    a) Treatment of following diseases:
        (i) Asthma
        (ii) Bronchitis
        (iii) Chronic Nephritis and Nephritic Syndrome
        (iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis
        (v) Diabetes
        (vi) Epilepsy
        (vii) Hypertension
        (viii) Influenza, Cough and Cold
        (ix) Pyrexia of unknown origin for less than 15(fifteen) 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

36. 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 and as covered in the Additional Benefit, inoculation

37. **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

38. **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)

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

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

Age Limits

The Insurance is available to persons from the age of 91st (ninety first) day onward. The maximum entry age is 65 (sixty-five) years. There is no age limit for renewal of the policy. The minimum age for the proposer is 18 (eighteen) years. Dependents including children can be covered provided one or more adults are covered concurrently. There is no upper age limit for coverage of dependents.

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:

i. Fresh proposals, as per a) and b) mentioned above in respect of persons between 45 to 55 years and above 55 years, respectively.
ii. If the basic sum insured is being sought to be enhanced by more than 10% (ten percent) at the time of renewal.
iii. When there is break in insurance for more than 30(thirty) days.
iv. If there is a claim in the expiring policy because of any Critical Illness

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.

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 at least 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 Important 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

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 Important 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

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.

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

You 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.

Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, We will intimate You or your family member covered individually under a single policy 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.

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.

Claim Procedure and Requirement

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 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 be 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.

	Type of Claim	**Prescribed Time limit for Submission**
1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within 30 days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within 30 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.

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.

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, you may 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

Limit of Indemnity

The liability under the subject policy by way of indemnity for all the covers shall in no way exceed the overall Sum Insured. However, this condition is not applicable in case of Indemnity of Critical Illness treatments.

Procedure for enhancement of Sum Insured

Sum Insured can be enhanced in case of renewal only. Mid-term enhancement of Sum Insured is not allowed.

a) Intimation for enhancement of sum insured should be before the renewal of the policy.
b) If there is a break in insurance for more than 30 days, request for enhancement of sum insured will be treated as a fresh proposal.
c) If insured is more than 45 years of age, fresh medical check-up would be required in case of enhancement of Sum Insured beyond 10% on renewal. If the age is less than 45 years, an increase in Sum Insured up to next two levels as per rate chart shall be permitted without medical test, after which a medical test would be mandatory.

Premium

Basic cover

Depending upon the age of You or your family member covered individually under a single policy and sum insured for that person. Premium rates are mentioned in Annexure – B.

Loadings & 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% discount on total premium
   - 3 (three) or more Family Members --10% discount on total premium

2) Employees covered under a Group Mediclaim Policy of IFFCO TOKIO and opting for sum insured under Health Protector of Rs. 4(Four)lakhs and above

   OR

   All customers holding any other insurance policy of IFFCO TOKIO will be eligible for discount upto 10%.

3) Direct/ Online discount: Upto 10% discount in policy premium is permitted for all customers who buys policy directly through IFFCO- TOKIO website/walk-in.
4) Upto 15% discount for all employees of IFFCO-TOKIO who buys policy directly through IFFCO-TOKIO website/walk-in.
5) Upto 5% discount for woman proposers

Note: All the above mentioned discounts are on cumulative basis and cannot exceed a total of 15%

percent.

However, the discount in lieu of reward points will be over and above the 15% limit.

Discount for Co-payment

On availing the option of co-pay, you or members of your family covered individually in a single policy can obtain the discount on premium as follows:

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

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

Annexure A: Health check-up packages

Remarks	Test Name	Package A	Package B	Package C	Package D
Infection Marker	Complete Blood Count	✔	✔	✔	✔
	Absolute Basophils Count, Blood	✔	✔	✔	✔
	Absolute Eosinophil Count, Blood	✔	✔	✔	✔
	Absolute Lymphocyte Count, Blood	✔	✔	✔	✔
	Absolute Monocyte Count, Blood	✔	✔	✔	✔
	Absolute Neutrophil Count, Blood	✔	✔	✔	✔
	ESR Automated	✔	✔	✔	✔
	Hemoglobin Hb	✔	✔	✔	✔
	MCH	✔	✔	✔	✔
	MCHC	✔	✔	✔	✔
	MCV	✔	✔	✔	✔
	MPV Mean Platelet Volume	✔	✔	✔	✔
	PCV Haematocrit	✔	✔	✔	✔
	Platelet Count Thrombocyte count	✔	✔	✔	✔
	WBC-Total Counts Leucocytes	✔	✔	✔	✔
	RDW (Red Cell Distribution Width)	✔	✔	✔	✔
	Neutrophils	✔	✔	✔	✔
	Eosinophils	✔	✔	✔	✔
	Lymphocytes	✔	✔	✔	✔
	Monocytes	✔	✔	✔	✔
	Basophils	✔	✔	✔	✔
	RDW-CV	✔	✔	✔	✔
	MENTZER INDEX9MCV/RCC	✔	✔	✔	✔
	Red Blood Cells - Blood	✔	✔	✔	✔
	RDWI	✔	✔	✔	✔
	Urine Routine & Microscopy Extended	✔	✔	✔	✔
	pH Urine	✔	✔	✔	✔

	Specific gravity	✔	✔	✔	✔
	Urobilinogen	✔	✔	✔	✔
	Colour	✔	✔	✔	✔
	Transparency	✔	✔	✔	✔
	Albumin	✔	✔	✔	✔
	Sugar	✔	✔	✔	✔
	Blood	✔	✔	✔	✔
	Red Blood Cells	✔	✔	✔	✔
	Pus cells (Leukocytes)	✔	✔	✔	✔
	Epithelial cells	✔	✔	✔	✔
	Crystals	✔	✔	✔	✔
	Cast	✔	✔	✔	✔
	Bacteria	✔	✔	✔	✔
	Yeast Cells	✔	✔	✔	✔
	Nitrate	✔	✔	✔	✔
	URINE KETONE	✔	✔	✔	✔
	Leucocyte Esterase	✔	✔	✔	✔
	Bile Pigments (Bilirubin)	✔	✔	✔	✔
	Others - Urine	✔	✔	✔	✔
	Volume - Urine	✔	✔	✔	✔
Blood Grouping	Blood Group ABO	✔	✔	✔	✔
	Blood Group RH typing	✔	✔	✔	✔
Remarks	**Test Name**	**Package A**	**Package B**	**Package C**	**Package D**
Kidney Profile	Kidney Function Test	✔	✔	✔	✔
	BUN Urea Nitrogen, Serum	✔	✔	✔	✔
	Calcium Total, Serum	✔	✔	✔	✔
	Chlorides, Serum	✔	✔	✔	✔
	Creatinine, Serum	✔	✔	✔	✔
	Phosphorus Serum	✔	✔	✔	✔
	Sodium, Serum	✔	✔	✔	✔
	Urea, Serum	✔	✔	✔	✔
	Uric Acid, Serum	✔	✔	✔	✔
	BUN/Creatinine Ratio	✔	✔	✔	✔
	Urea/Creatinine Ratio	✔	✔	✔	✔
Cardiac Marker	Lipid Profile (Heart Care)	✔	✔	✔	✔
	Cholesterol-Total, Serum	✔	✔	✔	✔
	HDL Cholesterol Direct	✔	✔	✔	✔
	LDL Cholesterol -Direct	✔	✔	✔	✔
	Triglycerides, Serum	✔	✔	✔	✔
	Non - HDL Cholesterol, Serum	✔	✔	✔	✔
	VLDL	✔	✔	✔	✔
	LDL/HDL RATIO	✔	✔	✔	✔
	CHOL/HDL RATIO	✔	✔	✔	✔
	HDL / LDL Cholesterol Ratio	✔	✔	✔	✔
Thyroid Profile	Thyroid	✔	✔	✔	✔
	T3	X	X	X	✔
	T4	X	X	X	✔
	Tsh Ultrasensitive	✔	✔	✔	✔
Liver Profile	Liver Function Test	✔	✔	✔	✔
	Albumin, Serum	✔	✔	✔	✔
	Alkaline Phosphatase, Serum	✔	✔	✔	✔
	Bilirubin Direct, Serum	✔	✔	✔	✔
	Bilirubin Total, Serum	✔	✔	✔	✔
	GGTP (Gamma GT)	✔	✔	✔	✔

	Proteins, Serum	✔	✔	✔	✔
	SGOT/AST	✔	✔	✔	✔
	SGPT/ALT	✔	✔	✔	✔
	Bilirubin- Indirect, Serum	✔	✔	✔	✔
	Globulin	✔	✔	✔	✔
	A/G Ratio	✔	✔	✔	✔
	SGOT/SGPT Ratio	✔	✔	✔	✔
Diabetic Profile	Blood Glucose Fasting	✔	✔	✔	✔
	HbA1c	X	✔	✔	✔
Vitamin	Vitamin D 25 Hydroxy	X	✔	✔	✔
Anaemia Profile	Iron, Serum	X	X	✔	✔
	TIBC	X	X	✔	✔
	UIBC, Serum	X	X	✔	✔
	Transferrin Saturation	X	X	✔	✔
	Serum Ferritin	X	X	X	✔
Inflamation Marker	HsCRP High Sensitivity CRP	X	X	X	✔
Pancreas Panel	Amylase Enzymatic, Serum	X	X	X	✔
Cancer Screening	Prostate Specific Antigen (PSA) Total/CA125	X	X	X	✔
ECG		X	X	✔	✔

Annexure B: Premium Sheets

Rate Sheet of Health Protector

Premium Table (Amount in Rs.)																
Age/SI	3m-25	26-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	101 and Above
50,000	1,959	2,609	3,249	3,819	5,109	5,839	7,009	7,219	11,429	14,489	18,949	22,869	27,639	30,409	33,449	35,119
100,000	2,349	3,129	3,899	4,589	6,139	7,019	8,429	8,679	13,729	17,409	22,769	27,479	33,229	36,549	40,199	42,209
150,000	2,819	3,759	4,669	5,499	7,359	8,419	10,099	10,409	16,459	20,869	27,299	32,939	39,829	43,809	48,189	50,599
200,000	3,209	4,279	5,319	6,259	8,369	9,589	11,499	11,849	18,739	23,769	31,079	37,509	45,349	49,889	54,879	57,619
250,000	3,649	4,869	6,059	7,119	9,539	10,909	13,099	13,489	21,339	27,059	35,389	42,719	51,649	56,809	62,489	65,609
300,000	4,159	5,539	6,899	8,109	10,859	12,429	14,909	15,359	24,299	30,819	40,299	48,639	58,809	64,689	71,159	74,719
350,000	4,729	6,309	7,859	9,239	12,359	14,149	16,979	17,499	27,679	35,089	45,899	55,389	66,969	73,669	81,029	85,079
400,000	5,119	6,829	8,499	9,989	13,379	15,309	18,369	18,929	29,939	37,959	49,649	59,919	72,449	79,689	87,659	92,039
450,000	5,519	7,369	9,169	10,779	14,429	16,509	19,819	20,419	32,299	40,949	53,559	64,649	78,159	85,969	94,569	99,289
500,000	5,939	7,919	9,859	11,589	15,519	17,759	21,309	21,959	34,739	44,039	57,599	69,519	84,049	92,459	101,699	106,789
600,000	7,169	9,569	11,909	14,009	18,749	21,459	25,749	26,529	41,969	53,209	69,599	83,999	101,559	111,709	122,879	129,029
700,000	7,369	9,829	12,229	14,379	19,249	22,039	26,439	27,249	43,099	54,649	71,479	86,269	104,299	114,729	126,199	132,509
800,000	7,569	10,089	12,559	14,769	19,779	22,629	27,159	27,979	44,269	56,129	73,409	88,599	107,119	117,829	129,609	136,099
900,000	7,769	10,369	12,899	15,169	20,309	23,239	27,889	28,739	45,459	57,639	75,399	90,999	110,019	121,019	133,119	139,769
1,000,000	7,979	10,649	13,249	15,579	20,859	23,869	28,649	29,519	46,689	59,199	77,429	93,459	112,989	124,289	136,709	143,549
1,100,000	8,199	10,929	13,609	15,999	21,419	24,519	29,419	30,309	47,949	60,799	79,529	95,979	116,039	127,639	140,409	147,429
1,200,000	8,419	11,229	13,979	16,439	21,999	25,179	30,219	31,129	49,249	62,439	81,669	98,579	119,179	131,089	144,199	151,409
1,300,000	8,649	11,529	14,349	16,879	22,589	25,859	31,029	31,969	50,579	64,129	83,879	101,239	122,399	134,639	148,099	155,499
1,400,000	8,879	11,839	14,739	17,339	23,199	26,559	31,869	32,839	51,949	65,859	86,149	103,969	125,699	138,269	152,099	159,709
1,500,000	9,119	12,159	15,139	17,799	23,829	27,279	32,729	33,719	53,349	67,639	88,479	106,779	129,099	142,009	156,209	164,019
1,600,000	9,369	12,499	15,549	18,289	24,479	28,019	33,629	34,649	54,809	69,499	90,899	109,709	132,639	145,899	160,489	168,509
1,700,000	9,619	12,829	15,969	18,779	25,139	28,769	34,519	35,569	56,269	71,349	93,319	112,629	136,169	149,789	164,769	172,999
1,800,000	9,879	13,179	16,399	19,289	25,819	29,549	35,459	36,529	57,789	73,279	95,839	115,679	139,849	153,839	169,219	177,679
1,900,000	10,149	13,539	16,849	19,809	26,519	30,359	36,429	37,529	59,379	75,279	98,469	118,839	143,679	158,049	173,849	182,549
2,000,000	10,419	13,899	17,299	20,339	27,229	31,169	37,399	38,529	60,959	77,289	101,089	122,009	147,509	162,259	178,489	187,409

Above rates (in Rs) are exclusive of Taxes

Note: The above stated premium & policy coverages, 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.

Premium Illustration –

	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)			
Age of the Members Insured	**Premium (Rs.)**	**Sum Insured (Rs.)**	**Premium (Rs.)**	**Discount for 2 members**	**Premium after discount (Rs.)**	**Sum Insured (Rs.)**
3 months-25	5,939	5,00,000				
26-35	7,919	5,00,000	7,919	5%	7,523	5,00,000
36-40	9,859	5,00,000	9,859	5%	9,366	5,00,000
41-45	11,589	5,00,000				
46-50	15,519	5,00,000				
51-55	17,759	5,00,000				
56-60	21,309	5,00,000				
61-65	21,959	5,00,000				
66-70	34,739	5,00,000				
71-75	44,039	5,00,000				
76-80	57,599	5,00,000				
81-85	69,519	5,00,000				
86-90	84,049	5,00,000				
91-95	92,459	5,00,000				
96-100	1,01,699	5,00,000				
101 and above	1,06,789	5,00,000				
			Total Premium		**16,889**	