FAMILY HEALTH PROTECTOR

UIN : IFFHLIP22198V042122

POLICY WORDING

This policy is evidence of the contract between you and us. The proposal along with any written statement(s), declaration(s) of yours for the purpose of this policy forms part of this contract.

This policy witnesses that in consideration of your having paid the premium for the period stated in the schedule or for any further period for which we may accept the payment for renewal of this policy, we will insure the insured person(s) and accordingly we will pay to you or to insured person(s) or your/their legal representative(s) as the case may be, in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this policy insofar as they relate to anything to be done or complied with by you and/or insured person(s) have been met.

The schedule shall form part of this policy and the term policy whenever used shall be read as including the schedule.

Any word or expression to which a specific meaning has been attached in any part of this policy or schedule shall bear such meaning whenever it may appear.

The policy is based on information which have been given to us about insured person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to your or the insured person(s) right to recover under this policy.

GENERAL DEFINITIONS:

1. **Accident**
   It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Additional Benefits**
   It means the coverages which are granted to insured person(s) apart from main coverage under the policy, for which no additional premium is required to be paid by you.

3. **Age:**
   It means age of the Insured person on last birthday as on date of commencement of the Policy.

4. **Any One Illness**
   It means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

5. **App**
   It means an application or a specialized program downloaded onto mobile devices.

6. **AYUSH Treatment**

It refers to the hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems..

7. **AYUSH Hospital:**

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital or
b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
    i. Having at least 5 in-patient beds;
    ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
    iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.

8. **AYUSH Day Care Centre**

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to Our authorized representative.

9. **Basic Sum Insured**

It means the monetary amount as opted against each insured person and all insured person(s) without cumulative bonus on individual or collective basis.

10. **Break in Policy**

It means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

11. **Cashless facility**

It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.

12. **Class "A" Cities**

It means cities of Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.

13. **Condition Precedent**

It means a policy term or condition upon which our liability under the policy is conditional upon.

14. **Congenital Anomaly**

It means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i) **Internal Congenital Anomaly**: It means a congenital anomaly which is not in the visible and accessible parts of the body.

ii) **External Congenital Anomaly**: It means a congenital anomaly which is in the visible and accessible parts of the body.

15. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.

16. **Cumulative Bonus**

It means any increase or addition in the Basic Sum Insured granted by us without an associated increase in premium.

17. **Day Care Centre**

It means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner (s) in charge;
iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
iv. maintains daily records of patients and shall make these accessible to Our authorized personnel.

18. **Day Care Treatment**

It refers to medical treatment, and/or surgical procedure which is:

I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24(twenty-four) hours because of technological advancement, and
II. Which would have otherwise required a hospitalization of more than 24 (twenty-four) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

19. **Dental Treatment**

It means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

20. **Dependent Child**

A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

21. **Diagnostics**

It means Medical tests conducted by a registered medical practitioner, supported by clinical, radiological, histological, histopathological, laboratory evidence and/or surgical evidence wherever applicable.

22. **Disease**

It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

23. **Domiciliary Hospitalization**

It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances: -

i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
ii) the patient takes treatment at home on account of non-availability of room/bed in a hospital.

24. **Emergency Assistance Service Provider**

It means the licensed entity which will provide identified emergency medical assistance and personal services to people travelling more than 150(one hundred and fifty) kilometers from their declared place of residence in India.

25. **Emergency Hospitalization:**

Hospitalization for an illness or injury which occur suddenly and unexpectedly and requires immediate treatment by a Medical practitioner to prevent death or serious long term impairment of the insured person's health.

26. **Extended Sum Insured**

It means sum insured including the higher sum insured for critical illness coverage on individually or collective basis.

27. **Extension**

It means optional coverage which is available to insured person(s) apart from main coverage and additional benefit, which you can choose to, take on payment of necessary additional premium.

28. **Grace Period**

It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

29. **Health Risk Assessment**

It means a screening tool that helps individuals identify and understand their health risks and monitor health status over a defined period of time.

30. **Hospital/Nursing Home**

It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
iii. has qualified medical practitioner (s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
v. maintains daily records of patients and shall make these accessible to Our authorized personnel.

*Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

31. **Hospitalization**

It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

32. **Illness**

It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

i. **Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
   a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
   b) it needs ongoing or long-term control or relief of symptoms
   c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
   d) it continues indefinitely
   e) it recurs or is likely to recur

33. **Injury**

It means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

34. **Inpatient Care**

It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.

35. **Insured Person**

It means person(s) named in the schedule of the Policy.

36. **Intensive Care Unit**

It means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

37. **Intensive Care Unit (ICU) Charges**

It means the amount charged by a hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

38. **Medical Advice**

It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

39. **Medical Assistance Services**

It means the stipulated medical services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of medical consultation and evaluation, medical referrals, medical evacuation and medically supervised repatriation.

40. **Medical Expenses**

It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

41. **Medically Necessary Treatment**

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i) is required for the medical management of the illness or injury suffered by the insured person;
ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii) must have been prescribed by a medical practitioner

iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

42. Medical Practitioner

It means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license. The registered Medical Practitioner should not be the Insured or close family member.

43. Medical Second Opinion

It means consultation by a specialist medical practitioner for evaluation, review of treatment and recommendation in case of a critical illness.

44. Migration

It means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

45. Network Provider

It means hospitals enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

The list of network hospitals 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.

46. Newborn Baby

Newborn baby means baby born during the policy period and is aged upto 90 days.

47. Non- Network Provider

It means any hospital/ day care centre that is not part of the network.

48. Notification of Claim

It means the process of intimating a claim to Us or our TPA through any of the recognized modes of communication.

49. Out-Patient (OPD) Treatment

It means one in which the Insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured person is not admitted as a day care or in-patient.

50. Personal Services

It means the other emergency services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals, transportation to join patient and emergency cash coordination.

51. **Policy**

It means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.

52. **Policy Period/ Period of Insurance**

It means period of one policy year as mentioned in the schedule for which the Policy is issued.

53. **Policy Schedule**

It means the Policy Schedule attached to and forming part of Policy.

54. **Policy year**

It means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.

55. **Portability**

It means the right accorded to an individual health insurance policy holder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

56. **Post Hospitalization Medical Expenses**

It means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

i) such Medical Expenses are incurred for the same condition for which the Insured person's hospitalization was required and
ii) the In-patient Hospitalization claim for such Hospitalization is admissible by us.

57. **Pre-existing Disease**

It means any condition, ailment, injury or disease

a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

58. **Pre-Hospitalization Medical Expenses**

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

i) such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and
ii) the In-patient Hospitalization claim for such Hospitalization is admissible by us.

59. **Preventive Risk Assessment**

It means a method that helps individuals identify their health risks and status by undergoing Medical tests, conducted by a registered medical practitioner, supported by clinical, radiological, histological, histopathological, laboratory and /or surgical evidence, wherever applicable over a defined period of time.

60. **Proposal**

It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to us by you.

61. **Qualified Nurse**

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

62. **Reasonable and Customary Charges**

It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

63. **Recognised Medical Institution**

It means a facility which is organized to provide medical care, including nursing and convalescent care, in accordance with the accepted standards as authorized by state law and as evidenced by the facility's license. A medical institution may be public or private.

64. **Renewal**

Means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

65. **Reward points**

It means Virtual Points earned on achievement of the targets and completion of the various activities, as specified under our Wellness programme.

66. **Room rent**

It means the amount charged by a hospital towards room and boarding expenses and shall include the associated medical expenses.

67. **Self-Care**

It means all the steps taken by an individual for his/her well-being. It shall include the steps taken towards emotional, physical, psychological and spiritual health.

68. **Sub-limit**

It means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit.

69. **Sum Insured**

It means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in

respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

70. **Surgery or Surgical Procedure**
It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

71. **Telemedicine Consultation**
It means the practice of caring for patients remotely, when the provider and patient are not physically present with each other. Modern technology has enabled doctors to consult patients by using video-conferencing tools.

72. **Terrorism/Terrorist Incident**
It means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

73. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

74. **Unproven/Experimental Treatment**
A treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

75. **Waiting Period**
It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

76. **Wellness**
It is an approach to Healthcare that emphasizes preventing illness and prolonging life, as opposed to treating diseases.

77. **We/Our/Us**
It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

78. **You/Your**
It means the person(s) named as insured in the schedule.

79. **Critical Illness**

a) **Cancer of Specified Severity**

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded -

i) All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii) Malignant melanoma that has not caused invasion beyond the epidermis;

iv) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi) Chronic lymphocytic leukaemia less than RAI stage 3

vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii) All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix) All tumours in the presence of HIV infection

b) **Coma of Specified Severity**

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

1. no response to external stimuli continuously for at least 96(ninety-six) hours;
2. life support measures are necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 (thirty) days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

c) **Kidney Failure Requiring Regular Dialysis**

It means end stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

d) **Major Organ /Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end- stage failure of the relevant organ, or
2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

1. Other stem-cell transplants
2. Where only islets of langerhans are transplanted

e) **Motor Neuron Disease With Permanent Symptoms**

It means disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 (three) months.

f) **Multiple Sclerosis with Persisting Symptoms**

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

II. Other causes of neurological damage such as SLE and HIV are excluded.

g) **Myocardial Infarction (First Heart Attack - Of Specified Severity)**

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

a. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
b. new characteristic electrocardiogram changes
c. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The Following are excluded:

a. Other acute Coronary Syndromes
b. Any type of angina pectoris
c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

h) **Open Chest CABG**

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

i) **Open Heart Replacement Or Repair Of Heart Valves**

It means the actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

j) **Permanent Paralysis Of Limbs**

It means total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 (three) months.

k) **Stroke Resulting In Permanent Symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 (three) months has to be produced.

I. The following are excluded:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

MAIN COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
If the insured person(s) sustain(s) any injury or contract(s) any disease and if medically necessary, he/she has to incur Hospitalization expenses, then we will pay reasonable and customary charges of: 1. **Room Rent Expenses**: a) In respect of sum insured of Rs. 7(seven) lakhs and above (excluding the higher sum insured for critical illness but including cumulative bonus), the room-rent expenses will be payable according to actual expenses without any room rent expenses capping limits which is mentioned in 1(b) below. b) In respect of sum insured less than Rs.7(seven) lakhs, **room rent expenses subject to following limits:** **For Normal Room Rent Expenses**: - I. In respect of 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. II. In respect of cities other than class "A" cities, a limit of 1.25% (one and one fourth of a percent) of the sum insured on per day basis or actual, whichever is less; **For Intensive Care Unit/Therapeutic Expenses**: -	**We will not pay for** 1. **Pre-Existing Diseases(Code- Excl01)** a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage. d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us. 2. **First Thirty Days Waiting Period(Code- Excl03)** i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the **same** are covered. ii. This exclusion shall not, however, apply if the

I. In respect of 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.

II. In respect of other than class "A" cities, a limit of 2% (two percent) of the sum insured on per day basis or actual, whichever is less;

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

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

3. Anesthesia, blood, oxygen, operation theatre, surgical appliances, medicines and drugs, diagnostic materials, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organ and similar expenses.

4. AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period.

5. The above stated relevant 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.

Note 1:

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

a) The charges applicable to the room within the eligibility of insured person(s) as per the Sum Insured, on an individual or collective basis, as Insured Person has Continuous Coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

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

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12/24 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures

i. 12 Months waiting period

i) Surgical treatment for Tonsillitis/ Adenoids
ii) Tympanoplasty / Septoplasty
iii) Fistula in anus, Anal Sinus, Piles
iv) Any type of Carcinoma / Sarcoma/ Blood Cancer
v) Varicose Veins / Varicose Ulcers
vi) All types of Ligament Meniscus Tears

ii. 24 Months waiting period

i) Cataract, Benign Prostatic Hypertrophy, DUB
ii) Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectamy
iii) Hernia, Hydrocele

per hospital tariff;

or

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

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

The proportionate deduction shall also not apply for ICU charges.

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

iii. For the purpose of determining the sub-limits of expenses for Room/ Boarding/ nursing charges and AYUSH hospitalization expenses including pre-hospitalization and post-hospitalization and domiciliary hospitalization as detailed under item (1), (4) & (5) of "What is covered" above, the specified percentages will be applied on the sum insured only.

iv. Terrorism is covered.

Note 2: The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

iv) Sinusitis
v) Gall Bladder, Billiary, Renal and Urinary Stones
vi) Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident)
vii) Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident)
viii) Chronic Renal failure
ix) Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump

4. 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 48 (forty-eight) months of continuous coverages with Us.

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

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

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

8. Intra-articular injections.

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

10. **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.

11. 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. 12. Dental treatment or surgery of any kind, unless requiring hospitalization. 13. 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** 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. **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.

	17. **Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.** 18. **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. 19. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury. 20. **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. 21. Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies. 22. Travel or transportation expenses, other than ambulance service charges. 23. **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. 24. 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. 25. 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.

	26. Any external congenital diseases or disorders. 27. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics & 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 Mellitus 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 to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

UNIQUE FEATURE

1. In respect of basic sum insured of Rs. 7 (seven) 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.
2. In respect of basic sum insured below Rs. 7(seven) 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.

SPECIAL CONDITIONS

i. **Extension of policy period :**In case the insured person(s) who is/are covered under 'Family Health Protector' has/have to go abroad for a minimum of 30(thirty) days or more, and accordingly he/she/they buy a Travel protector policy 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 Family Health Protector Policy in respect of the insured person(s) 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 travel protector policy has/have run or actual period abroad subject to a minimum of 30(thirty) days period abroad.

ii. **Reinstatement of basic sum insured:** 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 hospitalised. It will be available for treatment including that for the same illness or any other disease, illness (other than chronic diseases listed 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(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 a Patient has a Sum Insured of Rs. 3 Lakh and undergoes procedures costing Rs.3.25 lakh, reimbursement would be limited to Rs. 3 Lakh subject to T&C of the policy; the sum insured under policy would be reinstated to Rs. 3 Lakh again. However, this re-instated SI cannot be used to pay the balance Rs.25, 000 /- which was in excess of the available sum insured at the time the claim was lodged. The reinstated sum insured would, however, be available for any ailment occurring after the reinstatement including a fresh occurrence of the ailment that had occurred prior to the reinstatement.

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) This will be applicable on all policies with a basic sum insured of Rs.3 (three)lakh and above.

g) 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: -

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

h) 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) 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

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

j) The reinstatement of basic sum insured will not be available for Domiciliary Hospitalization and AYUSH hospitalization.

ADDITIONAL BENEFITS

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 0.15% (one seventh of a percent) of the sum insured, up to a maximum of Rs. 1,000 (one thousand) per day in respect of an insured person for the duration of hospitalization. If the hospitalization period is less than 24 (twenty-four hours), then this daily allowance will be reduced proportionately for the period of hospitalization.

2) **Ambulance charges**: -Ambulance charges in connection with any admissible claim subject to a limit of 1% (one percent) of the sum insured or Rs. 2500/- (two thousand & five hundred) whichever is lower, for each hospitalization.

3) **Pre and Post Hospitalization Medical Expenses**:
   a) Pre-Hospitalization Medical Expenses incurred up to 60 (Sixty) days prior to Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.
   b) Post Hospitalization Medical Expenses incurred during a period up to 90(Ninety) days after Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.

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) **Cumulative bonus (CB)**:

a) The Cumulative Bonus shall be increased by 10%(Ten percent) of the basic sum insured at each renewal in respect of each claim free year of insurance for all insured person(s) on collective basis, subject to maximum of 100%(one hundred percent) of basic sum insured of the expiring policy. 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, beyond which the entire cumulative bonus earned will lapse and be forfeited.

b) In case of a claim under the policy in respect of any insured person(s), the existing cumulative bonus will be reduced by 10% (Ten percent) of basic sum insured at the next renewal, subject to the stipulation that basic sum insured shall be maintained.

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/ contact our nearest office for updated list of such treatments.)

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

8) **Cost of health checkup**: Insured person(s), on individual or collective basis, shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim-free policies with us in the subsequent renewal. The reimbursement shall not exceed the amount equal to 1% (one percent) of the average sum insured during the block of four claim free policies.

9) **Vaccination expenses**: Insured person(s), on individual or collective basis, shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy periods of 365(three hundred & sixty five) days each with us or 366 days in case of leap year, subject to a maximum of 7.5%(seven and half percent) of the total premium paid(excluding taxes) for the last two policies in respect of a single insured person and a maximum of 15% (fifteen percent) for all the insured persons, provided no claim(s)is/are made in respect of the insured person(s) during that period of insurance 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 as described below. The services are provided when insured person(s) 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 insured/insured person(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the insured person.**

a) **Medical consultation, evaluation and referral:** Insured person(s) has/have access to an operations center with multilingual medical staff on duty 24(twenty-four) hours a day, 365(three hundred and sixty-five) days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.

b) **Emergency medical evacuation:** If insured person(s) has/have a medical emergency and an adequate medical facility is not available (as determined by physician and the consultant physician) proximate to where insured person(s) is/are located, we/our representative will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.

c) **Medical repatriation:** When medically necessary, as determined by us / our physician and the consulting physician, repatriation under medical supervision to insured person(s)/your address as mentioned in the policy schedule at such time as insured person(s) is/ are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising insured person(s) medical condition. If the time period to receive medical clearance to travel by common carrier exceeds 14(fourteen) days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged by us/our representative, such as an air ambulance. Medical or non-medical escorts may also be provided, if necessary.

d) **Transportation to join patient:** We will provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided insured person (s) has/ have travelled alone and insured person(s) is/ are required to be hospitalized for more than seven consecutive days. At insured person (s) request, we/our representative will also provide assistance with regards to arrangements for the accommodation of family member or the friend. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.

e) **Care and/or transportation of minor children:** When insured person(s)'s minor child(ren) is/are left unattended as a result of insured person (s) medical situation, we/our representative will provide the child with transportation to home or to the home of a person designated by insured person (s) living in the same city as insured person (s) address. If appropriate, an attendant will escort the child.

f) **Emergency message transmission:** We/our representative will receive and transmit emergency messages to/from home.

g) **Return of mortal remains:** In the event of death of insured person, We/our representative will arrange and pay for the return of mortal remains. We/our representative will render any assistance

necessary in the transport including locating a local, emergency assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.

h) **Emergency cash coordination:** We/our representative will assist in coordinating the transfer of emergency cash. Source of funds is solely your responsibility

Conditions:

1) The Emergency Assistance Services-Medical and Personal is not available on reimbursement basis.
2) The provision of the Emergency Medical or Personal Assistance Services to you during the period of insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalization claim is admissible under the policy.
3) The emergency assistance services are available subject to certain limited exclusions as setforth below:

Emergency assistance service will not be provided in the following instances:

a) Travel undertaken specifically for securing medical treatment
b) Services sought outside India.
c) Injuries resulting from participation in acts of war or insurrection
d) Commission of unlawful act(s) with malafide intent.
e) Attempt at suicide /self-inflicted injuries
f) Incidents involving the use of drugs, unless prescribed by a physician
g) Transfer of the insured person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

We/our representative will not evacuate or repatriate an insured person in the following instances:

a) Without medical authorization
b) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent insured person (s) from continuing your trip or returning home
c) With a pregnancy term of over six (6) months
d) With mental or nervous disorders unless hospitalized

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).

Legal actions arising hereunder shall be barred unless written notice thereof is received by **us,** within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We shall not be responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our control, including by way of

example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under our control. **We/our representative** are not responsible or liable for any malpractice committed by professionals rendering services to you.

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 the Insured as described below:

(A) Value Added Services

(a) Cashless Telemedicine Consultation:

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

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

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

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

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

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

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

iv. **Dental Care-** Insured person(s) can avail services of our empaneled Dentists
v. **Home care-** Insured person(s) can avail services of our empaneled Home care providers such as Nurses & physiotherapists.

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

(B) Reward Programme:-

This Wellness program aims to motivate, incentivize and reward the healthy habits and efforts of the Insured person(s) to improve their health and lifestyle. The activities mentioned below will be tracked by us, wherein the Insured person(s) can earn reward points, which can be redeemed as per our redemption terms and conditions.

The Wellness services and activities are categorized as below:

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

1. Track your Health:

a) Completion of Health Risk Assessment (HRA):

i. The Health Risk Assessment (HRA), is a questionnaire to be filled online by the Insured person(s), which acts as a tool for assessing the health and quality of life. It will enable us to help you review the lifestyle practices, which have an impact on your health condition.
ii. The Insured needs to log into his/her account on either the application or the website www.iffcotokio.co.in and complete the HRA questionnaire.
iii. This can be undertaken once, anytime during the policy year.
iv. On Completion of the online HRA questionnaire in the first month of policy year, the Insured person(s) earns **100** reward points or, **50** reward points is earned by the insured on completing HRA in the later months of policy year.

b) Preventive Risk Assessment:

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

S. No.	Activity	Points
i.	On submission of the report of a test, insured earns	75

ii.	If the result of a test is within the normal range, insured earns, per test report, additional	50
iii.	If the result of a test is not within the normal range, you may Enroll for Nutritional Consultation program through our app. This will provide the expert advice on the subject matter at an attractive price. On submitting the receipt of Nutritional Consultation, you will earn	50

List of tests under Preventive Risk Assessment:

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

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

2. Disease Management Program:

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

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

3. Walk towards a healthy lifestyle:

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

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

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

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

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

4. Fitness activities:

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

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

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

5. Self-Care Programs:

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

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

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

Redemption Of Reward Points

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

1. Discount in premium at the time of renewal,

OR

2. Redeemable Vouchers following a renewal

1. Discount in Renewal Premium:

(a) Individual Policy:

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

(b) Family Floater Policy:

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

2. Redeemable Vouchers following a renewal

- Each reward point will be equivalent to Rs. 0.50 and can be redeemed for an equivalent value of vouchers in multiples of 500 against membership in Fitness Centers and/or purchasing health supplements.

- Reward points not redeemed in the given policy year, can be carried forward, provided the policy is renewed with us continuously.

- Insured will be able to view the accumulated reward points on the mobile app and website

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

TERMS AND CONDITIONS UNDER WELLNESS SERVICES

i. Any information provided by the Insured person(s) in this regard shall be kept confidential.
ii. All medical services shall be provided by our empaneled health care service providers. While we ensure full due diligence before empanelment of the service provider, the decision to obtain their advices/services and utilize them, is entirely at the Insured person(s) discretion. The costs are to be borne by the insured.
iii. There will not be any cash redemption against the Wellness reward points.
iv. Reward points can be redeemed once at the time of renewal (for discounts in premium) or following a renewal (for vouchers). Balance of the reward points not redeemed will be carried forward to the next policy cycle.
v. Insured person(s) has to notify and submit relevant documents, reports, receipts etc. for various Wellness activities within 30 days of undertaking such activity/tests and 60 days before the renewal date of the policy, whichever is earlier.
vi. For services that are provided through empaneled service provider, IFFCO-Tokio GIC is only acting as a facilitator.

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

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

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

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

EXTENSION

1. **Higher Sum Insured for Critical Illness: -**

We will indemnify you in respect of insured person(s) for "Critical Illness" in accordance with main coverage as per following provisions provided that additional premium as required by us has been paid by you or on your behalf.

a. If the insured person(s) is/are diagnosed during the period of insurance as suffering from a critical illness as defined under the policy, we shall reimburse medically necessary, reasonable and customary charges incurred on expenses as listed under 'what is covered' up to an additional sum insured limit stipulated for the insured person(s), on individual or collective basis, in the policy schedule (equal to basic sum insured excluding cumulative bonus).

b. The additional sum insured available for critical illness under this extension cover, will not qualify for the limit of Room Rent/Boarding and Additional Benefits No.1) Daily Allowance 2) Ambulance charges 4) Cumulative bonus 7) Cost of health checkup 8) Vaccination expenses and Special Condition No.3) Reinstatement of Sum Insured in case of a claim.

c. The other terms of coverage (what is covered/ not covered) as detailed under "Main Coverage" will remain unaltered for higher sum insured for critical illness coverage.

2. **No Limit for Room Rent and/or ICU: -**

We will indemnify insured on additional payment of 6% on the basic premium, in respect of insured person(s) in accordance with the Main Coverage, without application of the limit on Room Rent/Intensive Care Unit charges as mentioned in the item1(b) for Normal Room Rent Expenses and for Intensive Care Unit Therapeutic Expenses of "What is Covered". Accordingly, the items mentioned under Note (i), (ii) and (iii) of main coverage will not be applicable.

3. **Co-Payment: -**

The following Co-pay options are available: 10%, 20% or 25% under the product. The Co-pay

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

CLAIM PROCEDURE AND REQUIREMENTS:

a. Intimation of claim: An event which might become a claim under the policy must be reported to us as soon as possible or within **"a maximum of 24 (twenty-four) hours of hospitalization, but in any case 12(twelve) hours prior to insured person(s)'s discharge from hospital/nursing home".**

b. A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30(thirty) days from the date of discharge from the hospital or completion of treatment whichever is later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit. In such case(s), the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital.

c. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15(fifteen) days from the date of query (ies).

You must submit documents as listed below:

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. Copy of Photo ID / Proof
iii. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
iv. Hospital Bill (Original Only)
v. Hospital Receipt (Original Only)
vi. Investigation Reports with supporting prescriptions
vii. Investigation Bills (Original Only)
viii. Pharmacy Bills (Original Only) with supporting prescriptions
ix. Bills including the relevant stickers for Implants
x. All previous treatment papers related to Ailment of last 4 years. (In some cases, we may ask for more than 4 years record if required)
xi. Copy/Copies of previous insurance policies if required (in case not provided earlier)
xii. 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.
xiii. KYC (know your customer) form, if claim is more than 1(One) lakh
xiv. Any other document if insured wants to furnish in support of the claim (Pl Specify)

Our representative(s) shall be allowed to carry out examination and obtain information on any alleged injury or disease requiring hospitalization, if and when we may reasonably require.

d. In case you and/or insured person(s) do(es) not comply with the provisions of this clause or other obligations to be met by you and/or by insured person(s) under this policy or in any of the policy documents, all benefit(s) under the policy shall be forfeited, at our option.

e. Intimation about discharge from Hospital/Nursing Home: You and/or Insured person (s) should inform the hospital authorities and **IFFCO-TOKIO** about the date and time of discharge as soon as the same is confirmed [at least 4 (four) hours before the scheduled discharge time], so that the discharge formalities are completed smoothly.

f. Claim Settlement (provision for Penal Interest)

i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, We shall be liable to pay interest to You/the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate**

iii. However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- 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, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

**"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017.

GENERAL CONDITIONS

1. **Disclosure of Information**

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

*Material facts for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

(Note: We, at our discretion, might choose to continue the policy by imposing a waiting period or by taking any other measures in such an event of non-declaration/ mis-representation of material facts that surface during the course of the policy contract.)

2. **Condition Precedent to Admission of Liability**

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

3. **Records to be Maintained**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You/ Insured Person shall furnish such information as We

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

4. Complete Discharge

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

5. Multiple Policies

i. In case of multiple policies taken by You/ insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. You/Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where You/Insured person has policies from more than one insurer to cover the same risk on indemnity basis, You/the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. 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.

7. Cancellation

a) You/the Policy holder may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75% (seventy five percent)
3(three) months	50% (fifty percent)
6(six) months	25% (twenty five percent)
Exceeding six months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by any Insured person under the Policy.

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

8. Migration

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

9. Portability

You/the Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1
https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience

11. 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.

12. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

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

We, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

14. Free look period

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

You/the insured shall be allowed a period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

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

15. Nomination

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

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

16. Notice & Communication

i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.

ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.

iii. We shall communicate with You/ Insured person at the address or through any other electronic mode mentioned in the schedule.

17. No Constructive Notice

Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

18. Notice of Charge

WE will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.

19. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.

20. Territorial Jurisdiction

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

21. Automatic change in Coverage under the policy

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

a) In the case of his/ her (Insured Person) demise. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to Us along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

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

22. Endorsements (Changes in Policy)

i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us. Any change made by Us shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by Us and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

23. Change of Sum Insured

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

24. Changes in Circumstances

You or your authorized representative must inform us, as soon as reasonably possible of any change in information you have provided to us about insured person(s) which may affect the insurance cover provided.

25. Terms and conditions of the Policy

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

26. 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.

27. Payment of Premium:

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

28. Electronic Transaction

You and/or insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof)or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policy holder's interests.

29. Reasonable Precaution

You and/or Insured person (s) shall take all reasonable precaution to prevent Injury, illness, and Disease in order to minimize claims.

30. Disclaimer Clause

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

31. Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

32. Provision for Senior Citizens

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

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in

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

33. Redressal Of Grievance

In case of any grievance, the insured person may contact Us through:

Website: https://www.iffcotokio.co.in/customer-services/grievance-redressal
Toll free: 1800-103-5499
E-mail: support@iffcotokio.co.in
Courier : Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

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

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

For updated details of grievance officer, kindly refer the link
https://www.iffcotokio.co.in/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. The contact details of the Insurance Ombudsman offices have been provided as below

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor,	Punjab, Haryana, Himachal Pradesh,

Office Details	Jurisdiction of Office Union Territory, District)
Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363	Rajasthan.

Office Details	Jurisdiction of Office Union Territory, District)
Email: Bimalokpal.jaipur@ecoi.co.in	
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad	State of Uttaranchal and the following

Office Details	Jurisdiction of Office Union Territory, District)
Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Insurance is the subject matter of solicitation

Annexure - A

List I – List of non-payable Items

Sl. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)

10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets

54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

Sl No.	**Item**
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC

22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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