



**SWASTHYA KAVACH  
(FAMILY HEALTH POLICY)**

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for 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 their legal representatives 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.

**DEFINITION OF WORDS (APPLICABLE TO BASE PLAN AS WELL AS WIDER PLAN UNLESS SPECIFICALLY MENTIONED)**

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any One Illness** 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
3. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. We may provide coverage for one or more systems covered under "AYUSH treatment"; provided it fulfils the criteria as mentioned under "Hospital definition for AYUSH TREATMENT".
4. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
5. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - a. **Internal Congenital Anomaly:** Anomaly which is not in the visible and accessible parts of the body.
  - b. **External Congenital Anomaly:** Anomaly which is in the visible and accessible parts of the body.
7. **Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of the Sum Insured.

8. **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 claim amount. A co-payment does not reduce the sum insured.
9. **Critical Illness** means any Disease or Major Injuries as defined under Item 58 to 67 below, which the Insured Person is diagnosed to have suffered from and which requires Hospitalization.
10. **Cumulative Bonus** Cumulative Bonus shall mean any increase or addition in the sum insured granted by the insurer without an associated increase in premium.
11. **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria 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 will make these accessible to the Insurance company's authorized personnel.
12. **Day Care Treatment** 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) hrs. 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.

The treatment will be considered to be taken under Hospitalization benefit for the processes listed as '**Day Care Procedures**' in the **Annexure** attached to the Policy.
13. **Dental Treatment** is treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disclosure to information norm** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
15. **Domiciliary Hospitalization** 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 in a hospital.
16. **Emergency Assistance Service Provider**: provides identified Emergency Medical Assistance and Personal services to people travelling more than 150 kilometres from their declared place of residence in India.
17. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.
18. **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.
19. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a 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

20. **Hospital** 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 the 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 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient 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 makes these accessible to the insurance company's 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. Please refer to the act for amendments, if any.***

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 (Ragistrikan 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.

#### **Hospital Definition for "AYUSH TREATMENT"**

We may provide coverage for one or more systems covered under "AYUSH treatment"; provided the treatment has been undergone in:

- i. A government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health
  - ii. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
  - iii. AYUSH hospital have registration with a Government authority under appropriate Act in the State/ UT and complies with the following as minimum criteria:
    - a) Has at least fifteen in-patient beds;
    - b) Has minimum five qualified and registered AYUSH doctors
    - c) Has qualified paramedical staff under its employment round the clock;
    - d) Has dedicated AYUSH therapy sections;
    - e) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
21. **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.
22. **ICU Charges** means the amount charged by a hospital towards ICU expenses 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.
23. **Illness** means a sickness or disease or pathological condition leading to the impairment of normal physiological function and required medical treatment.

- a. **Acute condition** is a disease, illness or injury that is likely to respond 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.
- b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:
1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests
  2. it needs ongoing or long-term control or relief of symptoms
  3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  4. it continues indefinitely
  5. it recurs or is likely to recur
24. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
25. **Inpatient Care** means treatment for which the insured person has to stay in a *hospital* for more than 24 (twenty-four) hours for a covered event.
26. **Intensive Care Unit** 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
27. **Insured Person** The Person(s) named as Insured Person(s) in the Schedule lodged with Us by You. Only You, Your spouse and Your dependent children) up to the age of 23 years can be included under the Policy as an Insured person. Your Parents are not covered.
28. **Maternity Expenses** shall include – (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization. (b) Expenses towards lawful medical termination of pregnancy during the Policy period
29. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
30. **Medical expenses** mean those expenses that an Insured Person has 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
31. **Medically Necessary Treatment** Medically necessary treatment is defined as treatment, tests, medication, or stay in hospital or part of a stay in *hospital* which
- a. is required for the medical management of the illness or injury suffered by the insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - c. must have been prescribed by a *medical practitioner*,
  - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
32. **Medical Practitioner** is 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 license. The registered Medical Practitioner should not be the Insured or close family member.

33. **Medical Services:** means the stipulated medical services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medically supervised repatriation.
34. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
35. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days
36. **Non- Network Provider** means any *hospital*, day care centre or other provider that is not part of the *network*
37. **Notification of Claim** is the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication
38. **OPD treatment** means treatment in which the Insured 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 is not admitted as a daycare or in-patient.
39. **Optional Extension** means optional coverage which is available to You apart from the Basic Cover under the Policy, which You can choose to take on payment of necessary additional premium
40. **Period of Insurance** means the duration of this Policy as shown in the Schedule
41. **Personal Services:** means the other emergency services offered by Emergency Assistance Service Provider during a medical emergency situation while You 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.
42. **Policy** means the Policy wording, the Schedule and any applicable endorsement or memoranda. The Policy contains details of the extent of cover available to Insured Person(s), what is excluded from the cover and the conditions on which the Policy is issued.
43. **Portability** It means right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained for pre-existing conditions and time bound exclusions from one insurer to another or from one plan to another plan of the same insurer.
44. **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:
- such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - the In-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.
- For BASE PLAN:** means relevant medical expenses up to 7% of Hospitalization expenses (excluding Room/Rent) incurred during period up to 30 days after Hospitalization on Disease/illness/Injury sustained subject to maximum of Rs.7500/-, which will be part of Hospitalization expenses claim.
  - For WIDER PLAN:** means relevant medical expenses incurred up to 60 days after Hospitalization on Disease/illness/ Injury sustained, which will be part of Hospitalization expenses claim
45. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or for which medical advice/ treatment was received within 48 (Forty eight) months prior to the first policy issued by the insurer and renewed continuously thereafter.

46. **Preferred Provider Network**- means hospitals or Network providers empanelled by ITGI on negotiated package rates to provide cashless facility to you.
47. **Pre-hospitalization Medical Expenses**It means Medical Expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - The In-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.
48. **Proposal** means any signed proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
49. **Qualified Nurse**means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
50. **Reasonable and Customary Charges**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.
51. **Renewal**defines 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.
52. **Room rent**It means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.
53. **Schedule** means latest Schedule issued by Us as part of the Policy. It provides details of the cover of Insured Person(s) which are in force and the level of cover Insured Person(s) have.
54. **Sum Insured** means the monetary amount mentioned in the schedule as Sum Insured which is the limit of indemnity available to any of the Insured Persons severally or jointly and represents Our maximum liability under a claim and all claims in the aggregate in the Period of Insurance.
55. **Surgery or Surgical Procedure**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 from suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
56. **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.
57. **Third Party Administrator (TPA)**means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in those Regulations.
58. **Unproven/Experimental treatment**is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

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

60. **You/Your** means the Person(s) named as Insured in the Schedule, including all Insured Persons.

#### **DEFINITION OF WORDS (APPLICABLE TO WIDER PLAN ONLY)**

##### **61. Cancer of specified severity**

I) 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.

##### **II) 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 tumors 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 Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

##### **62. 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:

- a. no response to external stimuli continuously for at least 96 hours;
- b. life support measures are necessary to sustain life; and
- c. permanent neurological deficit which must be assessed at least 30 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.

##### **63. End Stage Liver Disease**

I) Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

II) Liver failure secondary to drug or alcohol abuse is **excluded**

##### **64. Kidney Failure Requiring Regular Dialysis**

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

##### **65. Major Injuries**

Means accidental bodily injuries caused by external, violent and visible cause leading to loss of limbs i.e. physical separation or permanent and total loss of use of one or more hand, foot or eye within 12 months from the date of injury.

##### **66. Major Organ /Bone Marrow Transplant**

**I) The actual undergoing of a transplant of:**

- a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- b. 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:**

- a. Other stem-cell transplants
- b. Where only islets of langerhans are transplanted

**67. 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.

**68. 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

**69. Stroke Resulting in Permanent Symptoms**

I) 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 months has to be produced.

**II) The following are excluded:**

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

**70. Third Degree Burns**

There must be third degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

**COVERAGE UNDER BASE PLAN**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses, then We will pay Medically Necessary and Reasonable and Customary Charges of the following Hospitalization expenses:</p> <p>1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits.</p> <p>a) Sub limit per day for normal Room expenses:</p> <p>(i) For Sum Insured upto 2 Lakh: 1% of the Sum Insured</p> <p>(ii) For Sum Insured 3 Lakh and above: As per Actuals</p>	<p><b>WE will not pay for</b></p> <p>1. Any condition(s) defined as Pre - existing Disease in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with us. This exclusion will also apply to any complications arising from Pre-Existing Disease/ Injury. Such complications will be considered as a part of the Pre-Existing Disease.</p>



b) Sub limit per day for Intensive Care/Therapeutic Unit expenses:

- (i) For Sum Insured upto 2 Lakh: 2.0% of the Sum Insured
- (ii) For Sum Insured 3 Lakh and above: As per Actuals

c) Registration and Service

Charges of Hospital/Nursing Home:Actual

2. Medical Practitioner/ Anesthetist, Consultant fees.

3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Transplantation and similar expenses.

4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.

5. The above stated relevant expenses incurred for Domiciliary Hospitalization at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% of the Sum Insured.

6. An additional Daily Allowance amount equivalent to Rs. 150/- per day, for the duration of Hospitalization towards defraying of miscellaneous expenses.

7. Ambulance charges in connection with any admissible claim limited to Rupees 750/- or actual whichever is less for each claim.

8. The below mentioned list of treatments has specified expenses limit per claim which is inclusive of all expenses as mentioned in (1), (2), (3), (4), (5), (6) and (7) or actual amount, whichever is less.

**LIST OF TREATMENTS**

Serial No	Treatment List	Expense Limit Per Claim
A	Cataract	7.5% of the Sum Insured subject to maximum of Rs 15,000/-
B	Piles, Fistula, Fissure, Tonsillitis, Sinusitis	10% of the Sum Insured subject to maximum of Rs 30,000/-
C	Benign Prostatic Hypertrophy, Hernia	20% of the Sum Insured subject to maximum of Rs 50,000/-

2. Any expense on Hospitalization/Domiciliary Hospitalization for any Disease during first 30 days of commencement of this Insurance cover except due to accident. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or similar coverage under Individual/Group Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break *exceeding 30 days*. This Exclusion waiver shall be restricted to Sum Insured of preceding Policy.

3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases:

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

However, if these Disease are Pre-Existing at the time of Proposal then they will be falling under Exclusion (1) and will be covered after four continuous year of insurance with Us. This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 12 (twelve) without a break exceeding 30(thirty) days.

4. Any expense incurred during the first two continuous years of operation of the insurance cover on treatment of the following Diseases:

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

However, if these Disease are Pre-Existing at the time of Proposal then they will be falling

D	Knee/Hip Joint replacement, Cancer, renal failure	50% of the Sum Insured subject to maximum of Rs 2,00,000/-	under Exclusion (1) and will be covered after four continuous year of insurance with Us. This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 24 (twenty four) months without a break exceeding 30(thirty) days.
E	Appendicitis, Gall Bladder stones and Hysterectomy	15% of the Sum Insured subject to maximum of Rs 40,000/-	
<p>9. AYUSH hospitalization expenses including Pre-Hospitalization and Post Hospitalization expenses Incurred in Government recognized hospitals as mentioned.</p> <p><b>Note</b></p> <ol style="list-style-type: none"> <li>1. The Hospitalization expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network.</li> <li>2. Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person and within the Sum Insured. For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalization expenses and Daily Allowance.</li> <li>3. Pre-Hospitalization and Post Hospitalization Expenses for 30 days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified.</li> <li>4. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursing and Domiciliary Hospitalization, as detailed under Item(1) and (5) above, the specified percentages will be applied on the Sum Insured.</li> <li>5. The amounts payable under item (2) and (3) shall be at the rate applicable to the entitled room category. In case You opt for a room with expenses higher than the entitled category as under 1(a), the charges payable under (2) and (3) shall be limited to the charges applicable to the entitled category.</li> </ol>			<ol style="list-style-type: none"> <li>5. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</li> <li>6. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.</li> <li>7. Cost of spectacles and contact lens or hearing aids.</li> <li>8. Dental treatment or surgery of any kind, unless requiring Hospitalization.</li> <li>9. Treatment of mental illness, psychiatric or psychological disorders, Convalescence, general debility, run down condition or rest cure, external congenital Disease or defects or anomalies, sterility, venereal Disease, intentional self-injury, or cause of accident/illness is use of intoxicating drugs/alcohols by the insured person(s).</li> <li>10. Any expense on treatment related to HIV, AIDS.</li> <li>11. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalization or Domiciliary Hospitalization claim.</li> <li>12. Any Hospitalization for evaluation purpose.</li> <li>13. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.</li> <li>14. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</li> <li>15. Any expense on treatment of Insured Person as</li> </ol>

	<p>outpatient in a Hospital.</p> <ol style="list-style-type: none"> <li>16. Any expense on experimental or alternative medicine. However, this exclusion shall not apply to AYUSH treatment necessitating Hospitalization, and taken at the registered Hospitals.</li> <li>17. Any expense on procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</li> <li>18. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.</li> <li>19. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, Nebulizing machine, ventilator except the medicines or the solutions required for the treatment.</li> <li>20. Stem cell implantation/ surgery and Genetic disorders.</li> <li>21. All non-medical expenses including personal comfort and convenience items or services, such as telephone, ayah/ barber or beauty services, baby food, cosmetics, napkins, toiletry items etc., guest services and similar incidental expenses or services etc.</li> <li>22. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc., hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</li> <li>23. Travel or transportation expenses, other than Ambulance service charges</li> <li>24. Pre-natal and post-natal expenses.</li> <li>25. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.</li> <li>26. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.</li> <li>27. Any expense under Domiciliary Hospitalization for</li> </ol>
--	---

	<p>Pre and Post Hospitalization treatment Treatment of following Diseases:</p> <ul style="list-style-type: none"> <li>(i) Asthma</li> <li>(ii) Bronchitis</li> <li>(iii) Chronic Nephritis and Nephritic Syndrome</li> <li>(iv) Diarrhea and all type of Dysenteries including Gastro-enteritis</li> <li>(v) Diabetes Mellitus</li> <li>(vi) Epilepsy</li> <li>(vii) Hypertension</li> <li>(viii) Influenza, Cough and Cold</li> <li>(ix) All types of Psychiatric or Psychosomatic Disorders</li> <li>(x) Pyrexia of unknown origin for less than 15 days</li> <li>(xi) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>(xii) Arthritis, Gout and Rheumatism</li> <li>(xiii) Dental Treatment or Surgery</li> </ul> <p>28. Non-Medical expenses that are not covered are attached as Annexure 'List of non-payable items' .</p> <p>29. Excluded Hospitals: The policy does not pay for cost of treatment (both cashless and reimbursement <b>except emergency Hospitalization</b>) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached as Annexure "List of excluded Hospitals". The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. We suggest you to please check our website <a href="http://www.iffcotokio.co.in">www.iffcotokio.co.in</a>. or contact our call centre / nearest office for updated list of such excluded hospitals before admission.</p> <p>30. Correction of vision (Lasik or other similar surgery) and all types Laser treatments / surgeries for EYE which can be performed on OPD basis</p> <p>31. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy</p> <p>32. Intra-articular injections.</p> <p>33. Oral Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting.</p>
--	---

**COVERAGE UNDER WIDER PLAN**

## I. BASIC COVER

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses, then We will pay Medically Necessary and Reasonable and Customary Charges of the following Hospitalization expenses:</p> <ol style="list-style-type: none"> <li>1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits.               <ol style="list-style-type: none"> <li>a) Sub limit per day for normal Room expenses:                   <ol style="list-style-type: none"> <li>(i) For Sum Insured upto 2 Lakhs: 1.5% of Basic Sum Insured</li> <li>(ii) For Sum Insured 3 Lakh and above: As per Actuals</li> </ol> </li> <li>b) Sub limit per day for Intensive Care/Therapeutic Unit expenses:                   <ol style="list-style-type: none"> <li>(i) For Sum Insured upto 2 Lakhs: 2.5% of Basic Sum Insured</li> <li>(ii) For Sum Insured 3 Lakhs and above: As per Actuals</li> </ol> </li> <li>c) Registration and Service Charges of Hospital/Nursing Home: Actual</li> </ol> </li> <li>2. Medical Practitioner/ Anesthetist, Consultant fees.</li> <li>3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Transplantation and similar expenses.</li> <li>4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.</li> <li>5. The above stated relevant expenses incurred for Domiciliary Hospitalization at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured.</li> <li>6. An additional Daily Allowance amount equivalent to Rs. 250/- per day, for the duration of Hospitalization towards defraying of miscellaneous expenses.</li> <li>7. Ambulance charges in connection with any</li> </ol>	<p><b>WE will not pay for</b></p> <ol style="list-style-type: none"> <li>1. Any condition(s) defined as Pre - existing Disease in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with us. This exclusion will also apply to any complications arising from Pre- Existing Disease/ Injury. Such complications will be considered as a part of the Pre- Existing Disease.</li> <li>2. Any expense on Hospitalization/Domiciliary Hospitalization for any Disease during first 30 days of commencement of this Insurance cover except due to accident. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or similar coverage under Individual/Group Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break <u>exceeding 30 days</u>. This Exclusion waiver shall be restricted to Sum Insured of preceding Policy</li> <li>3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases:               <ol style="list-style-type: none"> <li>(v) Tonsillitis/ Adenoids</li> <li>(vi) Gastric or Duodenal Ulcer</li> <li>(vii) Any type of Cyst/ Nodules/ Polyps</li> <li>(viii) Any type of Breast lumps.</li> </ol> <p>However, if these Disease are Pre-Existing at the time of Proposal then they will be falling under Exclusion (1) and will be covered after four continuous year of insurance with Us. This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 12 (twelve) without a break exceeding 30(thirty) days.</p> </li> <li>4. Any expense incurred during the first two continuous years of operation of the insurance cover on treatment of the following Diseases:               <ol style="list-style-type: none"> <li>(i) Cataract, Benign Prostatic Hypertrophy,</li> <li>(ii) Hysterectomy for Menorrhagia or Fibromyoma</li> <li>(iii) Hernia, Hydrocele</li> <li>(iv) Fistula in anus, Piles, Sinusitis</li> <li>(v) Choletithiasis and Cholecystectomy</li> <li>(vi) Spondylosis / Spondylitis – any type</li> <li>(vii) Inter- vertebral Disc Prolapse (other than caused by an accident)</li> </ol> </li> </ol>

<p>admissible claim limited to Rupees 1500/- or actual whichever is less for each claim.</p> <p>8. AYUSH hospitalization expenses including Pre-Hospitalization and Post Hospitalization Expenses Incurred in Government recognized hospitals as mentioned.</p> <p><b>Note</b></p> <p>1. The Hospitalization expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing. Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network.</p> <p>2. Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person and within the overall Sum Insured (Basic plus Optional Extension, if applicable). For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalization expenses and Daily Allowance.</p> <p>3. Pre-Hospitalization and Post Hospitalization expenses For 30 and 60 days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured (Basic plus Optional Extension, if applicable) limit of the Policy. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified</p> <p>4. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursing and Domiciliary Hospitalization, charges as detailed under Item (1) and (5), above, the specified percentages will be applied on the Basic Sum Insured only and not on the Cumulative Bonus amount or Optional Extension (Critical Illness) Sum Insured amount.</p> <p>5. Cumulative Bonus: The Basic Sum Insured under the Policy shall be increased by 5% of the Basic Sum Insured at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Basic Sum Insured of the expiring Policy. The Optional Extension (Critical Illness) Sum Insured is not eligible for any Cumulative Bonus</p>	<p>(viii) Knee replacement/ Joint Replacement/ Hip replacement (other than caused by an accident)</p> <p>(ix) Osteoarthritis</p> <p>(x) Chronic Renal failure or End Stage Renal Failure.</p> <p>(xi) Heart Disease</p> <p>(xii) Any type of Carcinoma / Sarcoma/ Blood Cancer</p> <p>(xiii) Varicose Veins / Varicose Ulcers</p> <p>However if these Disease are Pre-Existing at the time of Proposal then they will be falling under Exclusion (1) and will be covered after four continuous year of insurance with Us.</p> <p>This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of 24 (twenty four) months without a break exceeding 30(thirty) days.</p> <p>5. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</p> <p>6. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.</p> <p>7. Cost of spectacles and contact lens or hearing aids.</p> <p>8. Dental treatment or surgery of any kind, unless requiring Hospitalization.</p> <p>9. Treatment of mental illness, psychiatric or psychological disorders, Convalescence, general debility, run down condition or rest cure, external congenital Disease or defects or anomalies, sterility, venereal Disease, intentional self-Injury, or cause of accident/illness is use of intoxicating drugs/alcohols by the insured person(s).</p> <p>10. Any expense on treatment related to HIV, AIDS.</p> <p>11. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalization or Domiciliary Hospitalization claim.</p> <p>12. Any Hospitalization for evaluation purpose.</p> <p>13. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any</p>
---	--

<p>For Cumulative Bonus eligibility, the Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the entire Cumulative Bonus earned will lapse and be forfeited. Any Swasthya Kavach (Family Health Policy) Wider Plan cover thereafter will be treated as a fresh cover for the purposes of the Pre-existing Condition, 30 days Waiting Period and First Year Disease and First two continuous year Disease Exclusions.</p> <p>In case of a claim under the Policy (in respect of any Insured Person) which has earned Cumulative Bonus, the existing Cumulative Bonus will be reduced by 5% of Basic Sum Insured at the next renewal, subject to the stipulation that Basic Sum Insured shall be maintained.</p> <p>6. Cost of Health Check Up: Insured Persons shall be for reimbursement of cost of medical checkup once at the end of a block of every four claim-free policy years with us in the subsequent renewal. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free policy years. This limit of 1% is applicable for all Insured Persons together.</p>	<p>infertility, sub fertility or assisted conception treatment.</p> <ol style="list-style-type: none"> <li>14. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</li> <li>15. Any expense on treatment of Insured Person as outpatient in a Hospital.</li> <li>16. Any expense on experimental or alternative medicine. However, this exclusion shall not apply to AYUSH treatment necessitating Hospitalization, and taken at the registered Hospitals.</li> <li>17. Any expense on procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</li> <li>18. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.</li> <li>19. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, Nebulizing machine, ventilator except the medicines or the solutions required for the treatment.</li> <li>20. Stem cell implantation/ surgery and Genetic disorders.</li> <li>21. All non-medical expenses including personal comfort and convenience items or services, such as telephone, ayah/ barber or beauty services, baby food, cosmetics, napkins, toiletry items etc., guest services and similar incidental expenses or services etc.</li> <li>22. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc., hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</li> <li>23. Travel or transportation expenses, other than Ambulance service charges</li> <li>24. Pre-natal and post-natal expenses.</li> <li>25. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.</li> <li>26. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.</li> </ol>
---	--

	<p>27. Any expense under Domiciliary Hospitalization for Pre and Post Hospitalization treatment Treatment of following Diseases:</p> <ul style="list-style-type: none"> <li>(i) Asthma</li> <li>(ii) Bronchitis</li> <li>(iii) Chronic Nephritis and Nephritic Syndrome</li> <li>(iv) Diarrhea and all type of Dysenteries including Gastro-enteritis</li> <li>(v) Diabetes Mellitus</li> <li>(vi) Epilepsy</li> <li>(vii) Hypertension</li> <li>(viii) Influenza, Cough and Cold</li> <li>(ix) All types of Psychiatric or Psychosomatic Disorders</li> <li>(x) Pyrexia of unknown origin for less than 15 days</li> <li>(xi) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>(xii) Arthritis, Gout and Rheumatism</li> <li>(xiii) Dental Treatment or Surgery</li> </ul> <p>28. Non-Medical expenses that are not covered as per Annexure "List of Non Payable items".</p> <p>29. Excluded Hospitals: The policy does not pay for cost of treatment (both cashless and reimbursement <b>except emergency Hospitalization</b>) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list as per annexure "List of Excluded Hospitals". The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. We suggest you to please check our website <a href="http://www.iffcotokio.co.in">www.iffcotokio.co.in</a>. or contact our call centre / nearest office for updated list of such excluded hospitals before admission.</p> <p>30. Correction of vision (Lasik or other similar surgery) and all types Laser treatments / surgeries for EYE which can be performed on OPD basis</p> <p>31. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy</p> <p>32. Intra-articular injections.</p> <p>33. Oral Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting.</p>
--	--

## II OPTIONAL EXTENSION (AVAILABLE WITH WIDER PLAN ONLY)



The following Optional Extension wording shall be applicable only if You have paid the additional premium as warranted by Us and We have confirmed them as covered by explicitly mentioning it in the Policy Schedule.

#### Critical Illness

1. If the Insured Person be diagnosed during the Period of Insurance as suffering from a Critical Illness as defined under the Policy, we shall reimburse Medically Necessary and Reasonable and Customary Charges incurred on expenses as listed under 'What Is Covered' up to an additional Sum Insured limit stipulated in the Policy Schedule (equal to Basic Cover Sum Insured). **This is the additional limit available to any of the Insured Persons severally or jointly and represents Our maximum liability under a Critical Illness claim and all Critical Illness claims in the aggregate in the Period of Insurance**
2. The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for Cumulative Bonus or for the limit for Room/ Board/ Nursing, Domiciliary Hospitalization, Daily Allowance, Ambulance expenses and Cost of Health Check Up as stipulated under "What is Covered" of the Policy.
3. The other terms of coverage (What is Covered/ Not Covered) as detailed under Basic Cover will remain unaltered for this Optional Extension coverage.

#### REINSTATEMENT OF SUM INSURED

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

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

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

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

- g) The reinstated basic sum insured will not be available for the following chronic disease where the initial claim under the same policy period has been lodged for:

- a) Cancer of specified severity
  - b) Coma of Specified Severity
  - c) End Stage Liver Disease
  - d) Kidney Failure Requiring Regular Dialysis
  - e) Major Injuries
  - f) Major Organ /Bone Marrow Transplant
  - g) Multiple Sclerosis with Persisting Symptoms
  - h) Open Chest CABG
  - i) Third Degree Burns
  - j) Stroke Resulting in Permanent Symptoms
- h) The reinstatement of sum insured will not be available for Critical illness extension and cumulative bonus.
- i) The reinstatement of sum insured will not be available for Domiciliary Hospitalization and AYUSH Hospitalization.

#### **EMERGENCY ASSISTANCE SERVICES AVAILABLE WITH BASE PLAN AND WIDER PLAN**

This Policy provides You, at no additional cost, whatsoever, a host of value added Emergency Medical Assistance and Emergency Personal Services as described below. The services are provided by Emergency Assistance Service Provider when You are traveling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for less than 90 days. **All services will be arranged by Emergency Assistance Service Provider only. No claims for reimbursement of expenses incurred for services arranged by You will be entertained.**

1. **Medical Consultation, Evaluation and Referral:** You have access to an Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
2. **Emergency Medical Evacuation:** If You have a medical emergency and an adequate medical facility is not available (as determined by the **Emergency Assistance Service Provider's** Physician and the Consulting Physician) proximate to where You are located, **Emergency Assistance Service Provider** will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
3. **Medical Repatriation:** When medically necessary, as determined by the **Emergency Assistance Service Provider's** Physician and the Consulting Physician, repatriation under medical supervision to Your address as mentioned in the Policy Schedule at such time as You are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising Your medical condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.
4. **Transportation to Join Patient:** 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 You have travelled alone and You are required to be hospitalized for more than seven consecutive days. At Your request, **Emergency Assistance Service Provider** will also provide assistance with arrangements for the family member or the friend's accommodation. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
5. **Care and/or Transportation of Minor Children:** When Your minor child(ren) is left unattended as a

result of Your medical situation, **Emergency Assistance Service Provider** will provide the child with transportation to home or to the home of a person designated by You living in the same city as Your address. If appropriate, an attendant will escort the child.

6. **Emergency Message Transmission:** **Emergency Assistance Service Provider** will receive and transmit emergency messages to/from home.
7. **Return of Mortal Remains:** In the event of death of Insured Person, **Emergency Assistance Service Provider** will arrange and pay for the return of mortal remains. **Emergency Assistance Service Provider** 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.
8. **Emergency Cash Coordination:** **Emergency Assistance Service Provider** will assist in coordinating the transfer of emergency cash. Source of funds is solely Your responsibility

**Conditions:** The Emergency Assistance Services are available subject to certain limited exclusions as set forth below:

Emergency Assistance Service Provider **will not provide services in the following instances:**

- (i) Travel undertaken specifically for securing medical treatment
- (ii) Services sought outside India.
- (iii) Injuries resulting from participation in acts of war or insurrection
- (iv) Commission of unlawful act(s) with malafide intent.
- (v) Attempt at suicide /self-inflicted injuries
- (vi) Incidents involving the use of drugs, unless prescribed by a physician
- (vii) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

**Emergency Assistance Service Provider will not evacuate or repatriate an Insured Person in the following instances:**

- (i) Without medical authorization
- (ii) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent You from continuing Your trip or returning home
- (iii) With a pregnancy term of over six months
- (iv) With mental or nervous disorders unless hospitalized

**Specific Exclusions:**

- (i) Trips exceeding 90 days from declared residence without prior notification to Emergency Assistance Service Provider.
- (ii) 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 / **Emergency Assistance Service Provider** 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/ **Emergency Assistance Service Provider** are not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our / their 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 or of **Emergency Assistance Service Provider**. We/ **Emergency Assistance Service Provider** are not responsible or liable for any malpractice committed by professionals rendering services to You.

You must reimburse **Emergency Assistance Service Provider** for any service rendered upon request, that is beyond the scope of this Policy. The liability to pay for such service and the charge applicable will be informed to You prior to provision of such service.

We shall not be held liable or responsible for any acts or omissions by **Emergency Assistance Service Provider** in connection with or arising from the rendering of services described above.

**General Conditions (applicable to BASE PLAN as well as WIDER PLAN)**

1. **Conditions Precedent**- Where this Policy requires You/your family member(s) named in the Schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times.
2. **Reasonable Precaution** You shall take all reasonable precaution to prevent Injury, illness, and Disease in order to minimize claims.
3. **Notice** You will give every notice and communication in writing to Our office at the address given in the schedule through which this insurance is affected.
4. **Changes in Circumstances** You 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.
5. **Payment of Premium** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions, and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.
6. **Increase in Sum Insured:** If You renew with Us or transfer from any other Insurer and increase the Sum Insured, then the waiting periods mentioned under Exclusion numbers 1, 2,3 and 4 shall apply fresh for the enhanced Sum Insured.
7. **Free Look Period:** The free look period shall be applicable at the inception of the policy and
  - i. The insured will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable;
  - ii. If the insured has not made any claim during the free look period, the insured shall be entitled to-
    - a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
    - b. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or
    - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period
8. **Claim Procedure and Requirements**  
**Notification of Claim:** An event which might become a claim under the Policy must be reported to Us as soon as possible, but not later than 7 days from the date of Hospitalization. A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30

days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or his/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.

The Insured Person must give all 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 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 at Our cost.

9. **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.
10. **Contribution** If, when any claim arises, there is in existence any other Insurance (other than Cancer Insurance Policy) covering the same loss/liability, compensation, costs or expenses, We will pay only Our ratable proportion of the claim.
11. **Renewal** The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, We shall not be bound to give notice that such renewal premium is due, provided however that if You apply for renewal and remits the requisite premium before the expiry of this Policy, renewal shall not normally refused, unless the Company has reasonable justification to do so. The Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the continuity benefits will not be available and any insurance cover thereafter will be treated as fresh cover. For the purposes, We shall not be liable to pay claim occurring during the period of break in insurance.

## 12. **Cancellation**

We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, by sending a 30 (thirty) days' notice by registered post to your last known address. You will then be entitled, except in case of fraud or illegality on your part, to a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.

You may cancel the Policy by sending at least 15(Fifteen) days written Notice to Us under Registered Post. We will then allow a refund on following scale provided there is no claim. Where claim is preferred, no refund will be made.

Period of Cover up to	Refund of Annual Premium rate (%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months	NIL

13. **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.
14. **Multiple Policies:** If two or more policies are taken by you/insured person(s) during a period from one or more insurers to indemnify treatment costs, you/insured person(s) shall have the right to require a settlement of claim in terms of any of your policies:
- In all such cases, we (insurer) who has issued the chosen policy 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.
  - You also have the right to prefer claims from other policy/policies for the amount disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. Then we shall settle the claim subject to terms and conditions of the other policy/policies so chosen.
  - If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you/insured person(s) shall have the right to choose insurers from whom you/ insured person wants to claim the balance amount.
  - Where you/ insured person(s) has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization cost in accordance with the terms and conditions of the chosen policy.
15. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
- It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy. It is understood, however, that the Insured shall have the right at all times during currency of the Policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance. Subject otherwise
16. **Policy Disputes:** The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court within Indian territory
17. **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.
18. **Protection of Policy Holder's Interest:** - In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30 days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7 days of Your acceptance of Our offer. In case of

delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.

19. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.
20. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
21. 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.
22. **Grievance or Complaint:** You may register a grievance or complaint by visiting our Website [www.iffcotokio.co.in](http://www.iffcotokio.co.in). You may also contact the Branches from where You have bought the policy or Grievance Officer who can be reached at our Corporate Office.
23. **Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However, the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.
24. **Withdrawal of Policy:** This product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.
25. **Electronic Transaction:** You /Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, 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 IRDA regulations for protection of policy holder's interests.
26. **No Constructive Notice:** Any knowledge or information of any circumstances or condition in connection with You / Insured Person, 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
27. **Portability:** The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2016 dated 12th July, 2016. For more information, please refer to the page no.41 on the following URL of the IRDA website: [https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral\\_Layout.aspx?page=PageNo2908&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1)
  - a. Portability shall be granted only to the Insured Person/s who is/are presently covered and were continuously covered without any lapses under any other similar health insurance plan with an Indian Non-life/Health insurer in the past.
  - b. In case portability is granted by us the proviso's regarding the waiting periods specified under Exclusion Nos 1,2,3 and 4 of the Policy stand modified as under in respect of such insured persons granted with portability.

- I. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy/Policies;AND
- II. If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall apply only to the extent of the Sum Insured under the previous health insurance policy.
- III. The reduction in the waiting period specified above shall be only if We have received the database and claim history from the previous Indian insurance company;
- IV. We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

28. **Insurance Ombudsman:** If You are not satisfied with any issue pertaining to the insurance, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices is mentioned below:

CONTACT DETAILS	JURISDICTION
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></p>	<p>State of Gujarat and Union Territories of Dadra &amp; Nagar Haveli and Daman and Diu.</p>
<p><b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033.</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>



Tel.:- 0755-2769200/201/202  
 Fax:- 0755-2769203  
 Email:- [bimalokpalbhopal@ecoi.co.in](mailto:bimalokpalbhopal@ecoi.co.in)

### **BHUBANESHWAR**

Office of the Insurance Ombudsman,  
 62, Forest park,  
 Bhubneshwar – 751 009. State of Orissa.  
 Tel.:- 0674-2596461 / 2596455  
 Fax:- 0674-2596429  
 Email:- [bimalokpal.bhubaneswar@ecoi.co.in](mailto:bimalokpal.bhubaneswar@ecoi.co.in)

### **CHANDIGARH**

Office of the Insurance Ombudsman,  
 S.C.O. No. 101, 102 & 103, 2nd  
 Floor, States of Punjab, Haryana, Himachal  
 Pradesh, Jammu & Kashmir and Union  
 Chandigarh – 160 017. territory of Chandigarh.  
 Tel.:- 0172-2706196/5861 / 2706468  
 Fax:- 0172-2708274  
 Email:- [bimalokpal.chandigarh@ecoi.co.in](mailto:bimalokpal.chandigarh@ecoi.co.in)

### **CHENNAI**

Office of the Insurance Ombudsman,  
 Fatima Akhtar Court,  
 4th Floor, 453 (old 312), Anna Salai,  
 Teynampet, State of Tamil Nadu and Union Territories  
 - Pondicherry Town and Karaikal (which  
 CHENNAI – 600 018. are part of Union Territory of  
 Pondicherry).  
 Tel.:- 044-24333668 / 24335284  
 Fax:- 044-24333664  
 Email:- [bimalokpal.chennai@ecoi.co.in](mailto:bimalokpal.chennai@ecoi.co.in)

### **DELHI**

Office of the Insurance Ombudsman,  
 2/2 A, Universal Insurance Building,  
 Asaf Ali Road, State of Delhi  
 New Delhi – 110 002.  
 Tel.:- 011-23239611/7539/7532  
 Fax:- 011-23230858  
 Email:- [bimalokpal.delhi@ecoi.co.in](mailto:bimalokpal.delhi@ecoi.co.in)

### **ERNAKULAM**

Office of the Insurance Ombudsman, Kerala, Lakshadweep, Mahe-a part of  
 Pondicherry

2nd floor, Pulinat Building,  
Opp. Cochin Shipyard,  
M.G. Road,  
Ernakulum - 682 015.  
Tel.:- 0484-2358759/2359338  
Fax:- 0484-2359336  
Email:- [bimalokpal.ernakulum@ecoi.co.in](mailto:bimalokpal.ernakulum@ecoi.co.in)

### GUWAHATI

Office of the Insurance Ombudsman,  
'Jeevan Nivesh', 5th Floor,  
Nr. Panbazar over bridge, S.S. Road,  
Guwahati – 781001(ASSAM).  
Tel.:- 0361- 2132204 / 2132205  
Fax:- 0361-2732937  
Email:- [bimalokpal.guwahati@ecoi.co.in](mailto:bimalokpal.guwahati@ecoi.co.in)

States of Assam, Meghalaya, Manipur,  
Mizoram, Arunachal Pradesh, Nagaland  
and Tripura.

### HYDERABAD

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.:- 040-65504123/23312122  
Fax:- 040-23376599  
Email:- [bimalokpal.hyderabad@ecoi.co.in](mailto:bimalokpal.hyderabad@ecoi.co.in)

States of Andhra Pradesh, Telangana and  
Union Territory of Yanam - a part of the  
Union Territory  
of Pondicherry.

### JAIPUR

Office of the Insurance Ombudsman,  
Jeevan Nidhi-II Bldg.,  
Ground Floor,  
Bhawani Singh Marg,  
Jaipur - 302005.  
Tel.:- 0141-2740363  
Email:- [bimalokpal.jaipur@ecoi.co.in](mailto:bimalokpal.jaipur@ecoi.co.in)

State of Rajasthan.

### KOLKATA

Office of the Insurance Ombudsman,  
Hindustan Building Annexe,  
4th floor, 4, CR Avenue,  
Kolkata - 700 072.  
Tel.:- 033-22124339 / 22124340  
Fax:- 033-22124341

States of West Bengal, Bihar, Sikkim and  
Union Territories of Andaman and  
Nicobar Islands.

Email:- [bimalokpal.kolkata@ecoi.co.in](mailto:bimalokpal.kolkata@ecoi.co.in)

### LUCKNOW

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](mailto:bimalokpal.lucknow@ecoi.co.in)

District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.

### MUMBAI

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.

Tel.:- 022-26106928/360/889

Fax:- 022-26106052

Email:- [bimalokpal.mumbai@ecoi.co.in](mailto:bimalokpal.mumbai@ecoi.co.in)

States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

### NOIDA

Office of the Insurance Ombudsman,  
Bhagwan Sahai Palace,  
4th Floor, Main Road,  
Naya Bans, Sector-15,  
Gautam Budh Nagar, Noida

Email:- [bimalokpal.noida@ecoi.co.in](mailto:bimalokpal.noida@ecoi.co.in)

States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

### PATNA

Office of the Insurance Ombudsman,

States of Bihar and Jharkhand.

1st Floor, Kalpana Arcade Building,  
Bazar Samiti Road,  
Bahadurpur,  
Patna - 800 006.  
Email:- [bimalokpal.patna@ecoi.co.in](mailto:bimalokpal.patna@ecoi.co.in)

**PUNE**

Office of the Insurance Ombudsman,  
Jeevan Darshan Building, 3rd Floor,  
CTS Nos. 195 to 198,  
NC Kelkar Road, Narayan Peth,  
Pune - 411 030  
Tel: 020 -32341320  
Email:- [bimalokpal.pune@ecoi.co.in](mailto:bimalokpal.pune@ecoi.co.in)

States of Maharashtra, Area of Navi  
Mumbai and Thane excluding Mumbai  
Metropolitan Region.

**Annexure 1**

<b>List of Day Care Surgeries</b>	
<b>ENT: Operation of the ear</b>	<b>Procedures on the digestive tract</b>
1 Stapedotomy or Stapedectomy	82 Sclerotherapy
2 Myringoplasty (Type -I Tympanoplasty)	83 Therapeutic Ascitic Tapping
3 Tympanoplasty (closure of an eardrum perforation)	84 Endoscopic ligation /banding
4 Reconstruction and other Procedures of the auditory ossicles	85 Dilatation of digestive tract strictures
5 Myringotomy	86 Endoscopic ultrasonography and biopsy
6 Removal of a tympanic drain	
7 Mastoidectomy	<b>Replacement of Gastrostomy tube</b>
8 Reconstruction of the middle ear	87 Endoscopic decompression of colon
9 Fenestration of the inner ear	88 Therapeutic ERCP
10 Incision (opening) and destruction (elimination) of the inner ear	89 Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
	90 Endoscopic Gastrostomy
<b>ENT: Procedures on the nose &amp; the nasal sinuses</b>	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
11 Excision and destruction of diseased tissue of the nose	92 Endoscopic Drainage of Pseudopancreatic cyst
12 Procedures on the turbinates (nasal concha)	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
13 Nasal sinus aspiration	<b>Procedures on the female sexual organs</b>
	94 Incision of the ovary
<b>ENT: Procedures on the tonsils &amp; adenoids</b>	95 Insufflation of the Fallopian tubes
14 Transoral incision and drainage of a pharyngeal abscess	96 Dilatation of the cervical canal
15 Tonsillectomy and / or adenoidectomy	97 Conisation of the uterine cervix
16 Excision and destruction of a lingual tonsil	98 Incision of the uterus (hysterotomy)
17 Quinsy drainage	99 Therapeutic curettage
	100 Culdotomy
<b>OPHTHALMOLOGY: Procedures on the eyes</b>	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
18 Incision of tear glands	102 Procedures on Bartholin's glands (cyst)

19 Excision and destruction of diseased tissue of the eyelid	103 Endoscopic polypectomy
20 Procedures on the canthus and epicanthus	104 Myomectomy , hysteroscopic or laparoscopic biopsy or removal
21 Corrective surgery for entropion and ectropion	
22 Corrective surgery for blepharoptosis	<b>Procedures on the prostate &amp; seminal vesicles</b>
23 Removal of a foreign body from the conjunctiva	105 Incision of the prostate
24 Removal of a foreign body from the cornea	106 Transurethral excision and destruction of prostate tissue
25 Incision of the cornea	107 Open surgical excision and destruction of prostate tissue
26 Procedures for pterygium	108 Radical prostatovesiculectomy
27 Removal of a foreign body from the lens of the eye	109 Incision and excision of periprostatic tissue
28 Removal of a foreign body from the posterior chamber of the eye	
29 Removal of a foreign body from the orbit and eyeball	<b>Procedures on the scrotum &amp; tunica vaginalis testis</b>
30 Operation of cataract	110 Incision of the scrotum and tunica vaginalis testis
31 Chalazion removal	111 Operation on a testicular hydrocele
32 Glaucoma Surgery	112 Excision and destruction of diseased scrotal tissue
33 Surgery for Retinal detachment	113 Plastic reconstruction of the scrotum and tunica vaginalis testis
<b>Procedures on the skin &amp; subcutaneous tissues</b>	<b>Procedures on the testes</b>
34 Incision of a pilonidal sinus	114 Incision of the testes
35 Other incisions of the skin and subcutaneous tissues	115 Excision and destruction of diseased tissue of the testes
36 Surgical wound toilet (wound debridement)	116 Orchiectomy- Unilateral / Bilateral
37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues	117 Orchiopexy
38 Simple restoration of surface continuity of the skin and subcutaneous tissues	118 Abdominal exploration in cryptorchidism
39 Free skin transplantation, donor site	119 Surgical repositioning of an abdominal testis
40 Free skin transplantation, recipient site	120 Reconstruction of the testis
41 Revision of skin plasty	121 Implantation, exchange and removal of a testicular prosthesis
42 Restoration and reconstruction of the skin and subcutaneous tissues	
43 Chemosurgery to the skin	<b>Procedures on the spermatic cord, epididymis and Ductus Deferans</b>
44 Excision of Granuloma	122 Surgical treatment of a varicocele and hydrocele of spermatic cord
45 Incision and drainage of abscess	123 Excision in the area of the epididymis
	124 Epididymectomy
<b>Procedures on the tongue</b>	125 Reconstruction of the spermatic cord
46 Incision, excision and destruction of diseased tissue of the tongue	126 Reconstruction of the ductus deferens and epididymis
47 Partial glossectomy	
48 Glossectomy	<b>Procedures on the penis</b>
49 Reconstruction of the tongue	127 Procedures on the foreskin

	128 Local excision and destruction of diseased tissue of the penis
<b>Procedures on the salivary glands &amp; salivary ducts</b>	129 Amputation of the penis
50 Incision and lancing of a salivary gland and a salivary duct	130 Plastic reconstruction of the penis
51 Excision of diseased tissue of a salivary gland and a salivary duct	
52 Resection of a salivary gland	<b>Procedures on the urinary system</b>
53 Reconstruction of a salivary gland and a salivary duct	131 Cystoscopic removal of stones
	132 Lithotripsy
<b>Procedures on the mouth &amp; face</b>	133 Haemodialysis
54 External incision and drainage in the region of the mouth, jaw and face	134 PCNS (Percutaneous nephrostomy)
55 Incision of the hard and soft palate	135 PCNL (Percutaneous Nephro-Lithotomy)
56 Excision and destruction of diseased hard and soft palate	136 Tran urethral resection of bladder tumor
57 Incision, excision and destruction in the mouth	137 Suprapubic cystostomy
58 Plastic surgery to the floor of the mouth	
59 Palatoplasty	<b>Procedures of Respiratory System</b>
	138 Brochosopic treatment of bleeding lesion
<b>Trauma surgery and orthopaedics</b>	139 Brochosopic treatment of fistula /stenting
60 Incision on bone, septic and aseptic	140 Bronchoalveolar lavage & biopsy
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	141 Direct Laryngoscopy with biopsy
62 Suture and other Procedures on tendons and tendon sheath	142 Therapeutic Pleural Tapping
63 Reduction of dislocation under GA	
64 Arthroscopic knee aspiration	<b>Procedures of Heart and Blood vessels</b>
65 Aspiration of hematoma	143 Coronary angiography (CAG)
66 Excision of dupuytren's contracture	144 Coronary Angioplasty (PTCA)
67 Carpal tunnel decompression	145 Insertion of filter in inferior vena cava
68 Surgery for ligament tear	146 TIPS procedure for portal hypertension
69 Surgery for meniscus tear	147 Blood transfusion for recipient
70 Surgery for hemoarthrosis/pyoarthrosis	148 Therapeutic Phlebotomy
71 Removal of fracture pins/nails	149 Pericardiocentesis
72 Removal of metal wire	150 Insertion of gel foam in artery or vein
73 Joint Aspiration - Daignostic / therapeutic	151 Carotid angioplasty
	152 Renal angioplasty
<b>Procedures on the breast</b>	153 Varicose vein stripping or ligation
74 Incision of the breast	
75 Procedures on the nipple	<b>OTHER Procedures</b>
76 Excision of breast lump /Fibro adenoma	154 Radiotherapy for Cancer
	155 Cancer Chemotherapy
<b>Procedures on the digestive tract</b>	156 True cut Biopsy
77 Incision and excision of tissue in the perianal region	157 Endoscopic Foreign Body Removal
78 Surgical treatment of anal fistulas	158 Vaccination / Inoculation - Post Dog bite or Snake bite
79 Surgical treatment of haemorrhoids	159 Endoscopic placement/removal of stents
80 Division of the anal sphincter (sphincterotomy)	160 Tumor embolisation

81 Ultrasound guided aspirations

161 Aspiration of an internal abscess under ultrasound guidance

## ANNEXURE 2

## List of Expenses Generally Not Payable/Payable in Hospitalisation Policy

LIST OF NON PAYABLE ITEMS	
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1 HAIR REMOVAL CREAM	41 GUEST SERVICES
2 BABY CHARGES (UNLESS SPECIFIED/INDICATED)	42 BED PAN
3 BABY FOOD	43 BED UNDER PAD CHARGES
4 BABY UTILITES CHARGES	44 CAMERA COVER
5 BABY SET	45 CLINIPLAST
6 BABY BOTTLES	46 CREPE BANDAGE
7 BRUSH	47 CURAPORE
8 COSY TOWEL / TOWEL	48 DIAPER OF ANY TYPE
9 HAND WASH	49 DVD, CD CHARGES
10 M01STUR1SER PASTE BRUSH	50 EYELET COLLAR
11 POWDER	51 FACE MASK
12 RAZOR	52 FLEXI MASK
13 SHOE COVER	53 GAUSE SOFT
14 BEAUTY SERVICES	54 GAUZE
15 BELTS/ BRACES	55 HAND HOLDER
16 BUDS	56 HANSAPLAST/ADHESIVE BANDAGES
17 BARBER CHARGES	57 INFANT FOOD
18 CAPS	58 SLINGS
19 COLD PACK/HOT PACK	<b>ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES</b>
20 CARRY BAGS	59 WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
21 CRADLE CHARGES	60 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC
22 COMB	61 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
23 DISPOSABLES RAZORS CHARGES ( for site preparations)	62 HORMONE REPLACEMENT THERAPY
24 EAU-DE-COLOGNE / ROOM FRESHNERS	63 HOME VISIT CHARGES
25 EYE PAD	64 INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE



26 EYE SHEILD	65 OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY
27 EMAIL / INTERNET CHARGES	66 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy unless
28 FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	67 CORRECTIVE SURGERY FOR REFRACTIVE ERROR
	68 TREATMENT OF SEXUALLY TRANSMITTED DISEASES
	69 DONOR SCREENING CHARGES
29 FOOT COVER	70 ADMISSION/REGISTRATION CHARGES
30 GOWN	71 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
31 LEGGINGS	72 EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
32 LAUNDRY CHARGES	73 ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
33 MINERAL WATER	74 STEM CELL IMPLANTATION/ SURGERY and storage
34 OIL CHARGES	<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PA YABLE BUT THE SER VICE IS</b>
35 SANITARY PAD	75 WARD AND THEATRE BOOKING CHARGES
36 SLIPPERS	76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
37 TELEPHONE CHARGES	77 MICROSCOPE COVER
38 TISSUE PAPER	78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
39 TOOTH PASTE	79 SURGICAL DRILL
40 TOOTH BRUSH	80 EYE KIT
81 EYE DRAPE	121 MEDICAL CERTIFICATE
82 X-RAY FILM	122 MAINTENANCE CHARGES
83 SPUTUM CUP	123 MEDICAL RECORDS
84 BOYLES APPARATUS CHARGES	124 PREPARATION CHARGES
85 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	125 PHOTOCOPIES CHARGES
86 Antiseptic or disinfectant lotions Not Payable	126 PATIENT IDENTIFICATION BAND / NAME TAG
87 BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	127 WASHING CHARGES
88 COTTON	128 MEDICINE BOX
89 COTTON BANDAGE	129 MORTUARY CHARGES
90 MICROPOR/ SURGICAL TAPE	130 MEDICO LEGAL CASE CHARGES (MLC CHARGES)



IFFHLIP19091V021819

91 BLADE	<b>EXTERNAL DURABLE DEVICES</b>
92 APRON	131 WALKING AIDS CHARGES
93 TORNIQUET	132 BIPAP MACHINE
94 ORTHOBUNDLE, GYNAEC BUNDLE	133 COMMODE
95 URINE CONTAINER	134 CPAP/ CAPD EQUIPMENTS
<b>ELEMENTS OF ROOM CHARGE</b>	135 INFUSION PUMP
96 LUXURY TAX	136 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
97 HVAC Part of room charge not	137 PULSEOXYMETER CHARGES
98 HOUSE KEEPING CHARGES	138 SPACER
99 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	139 SPIROMETRE
100 TELEVISION & AIR CONDITIONER CHARGES	140 SPO2 PROBE
101 SURCHARGES	141 NEBULIZER KIT
102 ATTENDANT CHARGES	142 STEAM INHALER
103 IM IV INJECTION CHARGES	143 ARMSLING
104 CLEAN SHEET	144 THERMOMETER
105 EXTRA DIET OF PATIENT	145 CERVICAL COLLAR
106 BLANKET/WARMER BLANKET	146 SPLINT
ADMINISTRATIVE OR NON-MEDICAL CHARGES	147 DIABETIC FOOT WEAR
107 ADMISSION KIT	148 KNEE BRACES ( LONG/ SHORT/ HINGED)
108 BIRTH CERTIFICATE	149 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
109 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	150 LUMBOSACRAL BELT
110 CERTIFICATE CHARGES	151 NIMBUS BED OR WATER OR AIR BED CHARGES
111 COURIER CHARGES	152 AMBULANCE COLLAR
112 CONVENYANCE CHARGES	153 AMBULANCE EQUIPMENT
113 DIABETIC CHART CHARGES	154 MICROSHEILD
114 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	155 ABDOMINAL BINDER
115 DISCHARGE PROCEDURE CHARGES	<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>
116 DAILY CHART CHARGES	156 BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\ \DISINFECTANTS ETC
117 ENTRANCE PASS / VISITORS PASS CHARGES	157 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
118 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	158 NUTRITION PLANNING CHARGES
119 FILE OPENING CHARGES	159 SUGAR FREE Tablets Payable -S u g a r free
120 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	160 CREAMS POWDERS LOTIONS

IFFHLIP19091V021819


161 Digestion gels	180 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
162 ECG ELECTRODES	181 EXAMINATION GLOVES
163 GLOVES Sterilized Gloves	182 KIDNEY TRAY
164 HIV KIT	183 MASK
165 LISTERINE/ ANTISEPTIC MOUTHWASH	184 OUNCE GLASS
166 LOZENGES	185 OUTSTATION CONSULTANT'S/ SURGEON'S FEES
167 MOUTH PAINT	186 OXYGEN MASK
168 NEBULISATION KIT If used d u rin g	187 PAPER GLOVES
169 NOVARAPID	188 PELVIC TRACTION BELT
170 VOLINI GEL/ ANALGESIC GEL	189 REFERAL DOCTOR'S FEES
171 ZYTEE GEL	190 ACCU CHECK ( Glucometry/ Strips)
172 VACCINATION CHARGES Routine Vaccination not	191 PAN CAN
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE</b>	192 SOFNET
173 AHD	193 TROLLY COVER
174 ALCOHOL SWABES	194 UROMETER, URINE JUG
175 SCRUB SOLUTION/STERILLIUM	195 AMBULANCE
<b>OTHERS</b>	196 TEGADERM / VASOFIX SAFETY Payable - maximum o f 3
176 VACCINE CHARGES FOR BABY	197 URINE BAG
177 AESTHETIC TREATMENT / SURGERY	198 SOFTOVAC
178 TPA CHARGES	199 STOCKINGS Essential for case like
179 VISCO BELT CHARGES	CABG etc. where it should be paid

For quick access to policy services, claim intimation and settlement kindly download our Customer App on your mobile from -





 <https://play.google.com/store/apps/details?id=com.iffcotokio.CustomerApp> or  
 <https://apps.apple.com/in/app/iffco-tokio-customer/id1346469176/?platform=iphone>

or

Call our toll free number -

 1800-103-5499

You can also follow us on our Social Media pages for regular updates on our new services or features -

 <https://www.facebook.com/iffcotokio>  
 <https://www.linkedin.com/company/iffco--tokio-general-insurance-co--ltd-/>  
 [https://twitter.com/iffco\\_tokio](https://twitter.com/iffco_tokio)  
 <https://www.instagram.com/iffcotokioofficial/>