



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

HEALTH PROTECTOR PLUS

UIN: IFFHLIP21328V022021

PROSPECTUS

Iffco Tokio General Insurance Co. Ltd is a joint venture between Indian Farmer Fertilizer Cooperative Ltd. and Tokio Marine Nichido Fire Insurance Company of Japan.

How does the Health Protector Plus benefits you

The policy covers hospitalization expenses which intends to provide coverage to you and your family in the eventuality of high treatment costs for any injury or disease related contingencies like hospitalization, organ transplantation etc. You opt for a compulsory deductible amount, which you bear either through existing health coverage or through own/other sources. The policy acts as an additional cover over and above the deductible amount. The policy therefore addresses galloping medical inflation at a very reasonable price.

SALIENT FEATURES:

✓ **Complete Freedom: Choose the way you want:**

- **Term** – One year
- **Top up or Super Top up:** Chose whether you want the deductible to be applied per claim or an aggregate of all claims in a year.
- **Sum Insured Options**– 8 plans to offer you the widest possible range

Plan	A	B	C	D	E	F	G	H
Sum Insured	200000	400000	500000	500000	750000	1000000	1500000	2500000
Deductible*	100000	200000	200000	300000	300000	500000	500000	500000

*Deductible means the amount stated in the schedule which shall be borne by the insured

- **Family Floater or Individual Sum Insured**
- **Lifelong renewal (if renewed without break)**
- ✓ **High coverage at low premium**
- ✓ **This policy can be purchased without any other basic health policy**
- ✓ **Waiver of Deductible in case of change/Loss of job:** On payment of a small additional premium you have the facility to enjoy the full sum insured without the deductible in case of loss of or change in employment, for a period of 30/60/90 days.
- ✓ **Option to buy standard health policy with continuity of benefits:** We will provide you with a facility to buy our standard Health policy without deductible with continuity of coverage in terms of waiver of waiting periods to the extent of deductible opted under this Policy provided the Top Up/Super Top up health product has been purchased for the first time before 50 years of age and continuously renewed without break for a period of at least 4 years.
- ✓ **Income Tax benefits** under Section 80D.
- ✓ **Cashless claim facility** available at over 4000 network hospitals across India.
- ✓ **Directly serviced by IFFCO TOKIO** without any Third party administrator
- ✓ **EMERGENCY ASSISTANCE SERVICES** at no additional cost. We provide you with special assistance when You are traveling within India 150 kilometers or more away from your home.
- ✓ **Portability:** You can switch from any other similar policy of any other insurer to our Top up/Super Top Up policy and protect your continuity benefit as per IRDA Guidelines.

WHO ARE ELIGIBLE TO TAKE THIS POLICY?

- ✓ **Entry Age under the policy:** 18 to 65 years. Dependent Children above 3 months can be covered when one of the parents is also covered.
- ✓ **Renewable Age:** Policy shall ordinarily be renewable without any age restriction, except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, if it is renewed without any break

WHO ALL CAN BE COVERED UNDER THIS POLICY?

- **Under floater policy:** Self, Spouse, dependant children up to the age of 25 years
- **Under Individual policy:** Self, Spouse, dependent children up to the age of 25 years, parents

WHAT IS COVERED UNDER THE POLICY:

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

1. Room Rent (including Boarding and Nursing expense etc.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, Chemotherapy, radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.
4. AYUSH hospitalization expenses Incurred in AYUSH Hospitals or AYUSH Day Care Centres.
5. Ambulance Charges as per actual or Rs.3000/- (Three Thousand) per claim; whichever is less.
6. An additional Daily Allowance amount equivalent to 0.10% of the Sum Insured for the duration of Hospitalization towards defraying of miscellaneous expenses.
7. The above stated relevant expenses (except for clause 5 and 6) incurred for Domiciliary Hospitalisation if Medically Necessary and at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% (Twenty percent) of the Sum Insured.

Note:

- (a) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the limit of overall Sum Insured of the Insured Person or floater Sum Insured of family. For the Donor, no payment will be made towards Pre and Post Hospitalization expenses.
- (b) Pre-Hospitalization and Post Hospitalization expenses for 60(Sixty) and 90(Ninety) 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.

WHAT ARE THE EXCLUSIONS & WAITING PERIOD ON THE POLICY:

1. Any payment unless the admissible Medical Expenses exceeding the Deductible.
2. **Pre-Existing Diseases(Code- Excl01)**
 - a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
 - b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

3. First Thirty Days Waiting Period(Code- Excl03)

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

4. Specific Waiting Period: (Code- Excl02)

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

24 Months waiting period

- i. Cataract
- ii. Benign Prostatic Hypertrophy,
- iii. Hysterectomy (for other than due to carcinoma),
Myomectomy, Endometriosis
- iv. Hernia, Hydrocele
- v. Fissures &/or Fistula in anus, Piles, pilonidal sinus
- vi. Sinusitis & related disorders
- vii. Stones in the urinary and biliary systems
- viii. Gastric and Duodenal Ulcers
- ix. Dilatation and Curettage
- x. Joint Replacement (other than caused by an accident)
- xi. Arthritis, Gout, Rheumatism and Spinal Disorders
- xii. Chronic Renal failure or End Stage Renal Failure.
- xiii. Any type of Cysts/Nodules/Polyps including breast lumps and any other benign growth
- xiv. Varicose Veins / Varicose Ulcers
- xv. Intervertebral disc diseases (other than caused by an accident)

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

7. Cosmetic or plastic Surgery: Code- Excl08

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

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

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

10. Rest Cure, rehabilitation and respite care- Code- Excl05

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

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

12. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

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

14. Investigation & Evaluation(Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

15. Maternity Expenses (Code - Excl18):

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

16. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

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

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

18. Any Medical Expense on OPD Treatment.

19. Unproven Treatments: Code- Excl16

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

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

21. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky Health Protector Plus – Prospectus,
IFFCO-Tokio, UIN: IFFHLIP21328V022021

diving, deep-sea diving

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

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

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

25. Obesity/ Weight Control: Code- Excl06

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

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

26. Change-of-Gender treatments: Code- Excl07

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

27. Pre-natal and post-natal expenses.

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

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

30. Any kind of Service charges, Surcharges, levied by the hospital.

31. Any expense under Domiciliary Hospitalization for

Treatment of following Diseases:

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

- (xii) Dental Treatment or Surgery
- (xiii) Critical illness

32. Excluded Providers: Code- Excl11

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

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

33. Refractive Error: Code- Excl15:

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

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

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

36. Interferon injections / Infliximab and like injections / Intra-articular injections. Intravenous Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting. For example: Intravenous Cyclophosphamide, Intravenous Methotrexamate, etc.

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

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

OPTIONAL COVER:-

WAIVER OF DEDUCTIBLE:

The deductible is waived in case of loss or change of employment, if the policy is endorsed to waive the deductible in consideration of additional premium. The proviso shall be subject to the following conditions:

- a. The cover is applicable only for insured persons who are in service and are below 55 (Fifty Five) years of age and their dependents. The cover is not available for Self Employed.
- b. The cover shall be subject to a maximum period of Waiver of Deductible (WOD) period mentioned in the schedule.
- c. In case of multiple job changes during the same policy period, aggregate number of days of coverage during all such breaks shall be subject to maximum of WOD period mentioned in the schedule.
- d. Letter of intent for utilization of WOD period should be given at least 15 (Fifteen) days before the date of relieving from the existing job.
 - a. Advance Notice of 15 days for Letter of intent to cover may be waived on merits by the underwriting authority on case to case base, provided the notice is given on or before the date of relieving.
 - b. In case notice is given after date of relieving within a reasonable time, WOD may be granted from the date of notice, subject to confirmation of loss of job and of date of relieving, at the discretion of underwriter on case to case basis.
- e. The waiver shall be effective from the next day of date of relieving from the existing job.
- f. The cover will cease on the occurrence of any of the following events, whichever shall occur first:
 - a. expiry of Waiver of Deductible period
 - b. Request for termination of cover for WOD by the insured. Request for termination of WOD cover should be

given by the insured as soon as the cover under the Employee Health Benefit with the new employer or a new Health Insurance policy commences. In case of failure to give such notice to the company, the entire WOD period shall be deemed to have exhausted and no further waiver be allowed during the policy period.

- g. WOD cover for dependents will simultaneously cease along with the cover of proposer.

How Waiver of Deductible option works: - If you buy a policy of 5 Lacs Sum Insured with a deductible of Rs. 2 Lacs and opt for waiver of deductible for a 30 days period and in case you change your employment you need to give intimation

along with supporting documents to us as above. In such case, you will be covered to the full extent of Rs. 7 Lacs (Rs. 5 Lacs + Rs. 2 Lacs) during the 30 days period (from the date of relieving or date of notice whichever is later) or till you place your request for termination of WOD cover, whichever shall occur earlier.

WOD may be utilized in multiple times in case of more than one change of job during the policy period subject to maximum of 30 days during the policy period.

MEDICAL CHECK UP:

- ✓ Waiver of medical tests up to 45 years subject to no adverse medical history
- ✓ Medical Reports for age group of 46 and above
 - Blood Sugar (HbA1c)
 - Serum Cholesterol and Triglycerides
 - USG Abdomen
 - Tread Mill Test
 - Any other test at the discretion of the underwriter
- ✓ Where ever Pre-Policy Medical checkup is requested by the Company, 50% of the cost of prescribed tests will be reimbursed for all proposals accepted, after the expiry of free look up period
- ✓ The medical reports are valid for a period of 90 days from the date of Pre-Policy Check up.

BASIS OF PAYMENT

I. TOP-UP COVER:

- a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization/s incepting during each policy year payable under 'What is covered' and which exceeds the Deductible mentioned in the Schedule of the Policy
- b) Each event (hospitalization), if more than one, during the Policy period shall be separately subject to the specified Deductible mentioned in the Schedule of the Policy except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy where each Insured Person has a separate Sum Insured as well as for Policy based on single floater Sum Insured for whole family
- c) In no case we shall be liable to pay any sum in excess of the Sum Insured during the period of the Policy
- d) All the Bills, Receipts, Reports and Discharge summary etc in respect of the claim should be submitted to us.

II. SUPER TOP-UP COVER:

- a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization/s incepting during each policy year payable under 'What is covered' and which exceeds the Deductible mentioned in the Schedule of the Policy.
- b) Deductible shall be separately applicable on per year basis on aggregate of Medical expenses incurred under 'What is covered' for each Insured person in case of Individual Policy or Deductible shall be applicable on per year basis on aggregate of Medical expenses payable in 'What is covered' for all Insured persons in case Single floater Sum Insured is opted for the whole Family.
- c) In no case we shall be liable to pay any sum in excess of the Sum Insured during the period of the Policy.
- d) All the Bills, Receipts, Reports and Discharge summary etc in respect of all the claims adding up to the aggregate including claims falling within the deductible should be carefully preserved and submitted along with the claim to US whenever YOU are making a claim under Super Top Up Cover.

OPTION TO BUY STANDARD HEALTH POLICY WITH CONTINUITY OF BENEFITS

We will offer the Insured with the option to buy the standard Health policy (Individual/floater Health product) without deductible with continuity of coverage in terms of waiver of waiting periods to the extent of deductible opted under this Policy provided

- the Top Up/ Super Top up health product has been purchased for the first time before 50(Fifty) years of age and
- Continuously renewed without break for a period of at least 4(Four) years.

In such case you will be offered continuity of coverage in terms of waiver of waiting periods to the extent of deductible opted under this Policy. In all other cases, no benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy at any point of time or shifting to any other health insurance Policy with Us.

Additional benefits

I. MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

II. DAY CARE TREATMENT: Day care medical treatments will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.

(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)

III. EMERGENCY ASSISTANCE SERVICES

1. This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services as described below. The services are provided when insured person(s) is/are traveling within India 150(one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90(ninety) days. No claims for reimbursement of expenses incurred for services arranged by insured/insured person(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the insured person.**
 - a) **Medical consultation, evaluation and referral:** Insured person(s) has/have access to an operations center with multilingual medical staff on duty 24(twenty four) hours a day, throughout the policy period year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
 - b) **Emergency medical evacuation:** If insured person(s) has/have a medical emergency and an adequate medical facility is not available (as determined by physician and the consultant physician) proximate to where insured person(s) is/are located, we/our representative will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
 - c) **Medical repatriation:** When medically necessary, as determined by us / our physician and the consulting physician, repatriation under medical supervision to insured person(s)/your address as mentioned in the policy schedule at such time as insured person(s) is/ are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising insured person(s) medical condition. If the time period to receive medical clearance to travel by common carrier exceeds 14(fourteen) days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged by **us/our representative**, such as an air ambulance. Medical or non-medical escorts may also be provided, if necessary.
 - d) **Transportation to join patient:** We will provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalisation, provided

insured person (s) has/ have travelled alone and insured person(s) is/ are required to be hospitalized for more than seven consecutive days. At insured person (s) request, **we/our representative** will also provide assistance with regards to arrangements for the accommodation of family member or the friend. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.

- e) **Care and/or transportation of minor children:** When insured person(s)'s minor child(ren) is/are left unattended as a result of insured person (s) medical situation, **we/our representative** will provide the child with transportation to home or to the home of a person designated by insured person (s) living in the same city as insured person (s) address. If appropriate, an attendant will escort the child.
- f) **Emergency message transmission:** **we/our representative** will receive and transmit emergency messages to/from home.
- g) **Return of mortal remains:** In the event of death of insured person, **we/our representative** will arrange and pay for the return of mortal remains. **we/our representative** will render any assistance necessary in the transport including locating a local, emergency assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
- h) **Emergency cash coordination:** **We/our representative** will assist in coordinating the transfer of emergency cash. Source of funds is solely your responsibility

Conditions: The emergency assistance services are available subject to certain limited exclusions as set forth below:

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

- a) Travel undertaken specifically for securing medical treatment

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

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

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

Specific exclusions:

- a) Trips exceeding 90(ninety) days from declared residence without prior notification to emergency assistance service provider.
- b) Students at home/school campus address (as they are not considered to be in travel status).

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

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We shall not be responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

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

FREE LOOK PERIOD

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

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

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

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

MIGRATION

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

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

For Detailed Guidelines on migration, kindly refer the link

PORTABILITY

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

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

For Detailed Guidelines on portability, kindly refer the link

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

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

RENEWAL

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

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.
- vi. The Premium applicable for renewal shall be based on the rating factors like Age, Sum Insured etc. However no loading shall be applied on individual claims experience.
- vii. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced sum insured

MULTIPLE POLICIES:

- i. In case of multiple policies taken by You/ insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. You/Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where You/Insured person has policies from more than one insurer to cover the same risk on indemnity basis, You/the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

PAYMENT OF PREMIUM

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

INCREASE IN SUM INSURED OR REDUCTION IN DEDUCTIBLE

If You renew with Us or transfer from any other Insurer and increase the Sum Insured or reduce Your deductible, then the waiting periods (refer policy wordings) shall apply fresh in relation to the amount by which the Sum Insured has been increased or Deductible has been reduced.

CANCELLATION

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

Period of cover upto	Refund of Annual Premium Rate (%)
1 month	75.00%
3 months	50.00%
6 months	25.00%
6 to 12 months	0.00%

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

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

GRACE PERIOD

Grace Period of 30 days is permissible for renewals. If renewal is done within the Grace Period of 30 days continuity of benefits will be allowed.

AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY

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

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

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

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

WITHDRAWAL OF POLICY

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

ARBITRATION

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

TERRITORIAL JURISDICTION

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

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.

CLAIM SETTLEMENT (PROVISION FOR PENAL INTEREST)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, We shall be liable to pay interest to You/the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate**
- iii. However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

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

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

GRIEVANCE OR COMPLAINT

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

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

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

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

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

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

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

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

DISCOUNTS

a) Family Discount: In case of Individual basis, you can avail family Discount on total premium as per the following scale depending upon the total number of insured persons covered under the policy at inception of the cover.

- 2 (two) Family Members --5%
- 3 (three) or more Family Members --10%

b) Web Purchase: If you purchase a policy through our web-site, a discount of 15% will be given.

LOADINGS

1. Loading for Pre-disposing Factors (PDF)

Loading to be applied on base premium separately for each member having the PDF. I.e. if more than one member having PDF, the loading will apply separately for each member

A. In case of Positive Diabetes

HBA1C Level	Loading on Base Premium for each member
Above 6 and Less than 7	10%
7 to 8	15%
More than 8	Decline proposal. In exceptional cases, proposal may be accepted with approval from Competent authority with a 25% loading

B. Hypertension 10% loading

C. Obesity:

Body Mass Index	Loading
Between 28 and 32	5%
Between 32 and 35	10%
Greater than 35	Decline proposal. In exceptional cases, proposal may be accepted with approval from Competent authority with a 25% loading

2. Loading for Adverse Medical History / Pre-existing Diseases

Such proposals should ordinarily be rejected. However in exceptional cases they may be accepted with a loading of up to 20% on case to case basis.

Note:-

- Loading for 1 and 2 shall be applicable only if they are pre-existing at the time of inception of first policy with us and continued to be charged at every renewal. No loading to be charged, if these conditions manifest after the inception of the first policy with us.
- Loading for 1 and 2 for all factors put together shall not exceed 50% of the basic premium per person for Individual Policy and 35% of the basic premium per person for Floater Policy
- HbA1c Level and BMI should be reviewed after every three renewals, wherever loading is applied for these factors. In case there is an improvement, the loading may be withdrawn or reduced according to the value of parameters. However, no further loading shall be done for worsening of the situation

RATE CHART

Health Protector Plus

1) Top-up

a. Individual basis for 1 Member:

Sum Insured	200000	400000	500000	500000	750000	1000000	1500000	2500000
Deductible	100000	200000	200000	300000	300000	500000	500000	500000
Above 3 months to 35 years	2,299	2,399	2,599	1,999	2,799	2,899	3,899	4,599
36 to 45	2,799	2,899	3,099	2,399	3,399	3,499	4,699	5,499
46 to 55	3,099	3,199	3,399	2,599	3,699	3,799	5,199	5,999
56 to 65	4,499	4,599	4,899	3,799	5,399	5,499	7,499	8,699
66 to 80	6,999	7,099	7,599	5,899	8,399	8,499	11,599	13,499
more than 80	10,988	11,145	11,930	9,261	13,186	13,343	18,210	21,193

b. Floater basis for 2 Members:

Sum Insured	200000	400000	500000	500000	750000	1000000	1500000	2500000
Deductible	100000	200000	200000	300000	300000	500000	500000	500000
Above 3 months to 35 years	3,399	3,599	3,899	2,999	4,199	4,299	5,799	6,899
36 to 45	4,199	4,299	4,599	3,599	5,099	5,199	6,999	8,199
46 to 55	4,399	4,599	5,099	3,899	5,499	5,699	7,799	8,999
56 to 65	6,299	6,499	7,299	5,699	8,099	8,199	11,199	12,999
66 to 80	9,799	10,099	11,299	8,799	12,599	12,699	17,399	20,099
more than 80	15,384	15,855	17,739	13,814	19,780	19,937	27,316	31,555

Note: Note: The above rates are to be applied on the highest aged member.

c. Floater for more than 2 members: Additional Premium per member over and above Table 1(b) Premium

Number of member	Up to 500,000 Sum Insured	Above 500,000 Sum Insured	Number of member	Up to 500,000 Sum Insured	Above 500,000 Sum Insured
3 rd	500	1,000	4 th or more	250	500

2) Super Top-up

a. Individual basis for 1 Member:

Sum Insured	200000	400000	500000	500000	750000	1000000	1500000	2500000
Deductible	100000	200000	200000	300000	300000	500000	500000	500000
Above 3 months to 35 years	2,599	2,699	2,899	2,199	3,099	3,199	4,299	5,099
36 to 45	3,099	3,199	3,399	2,699	3,799	3,899	5,199	6,099
46 to 55	3,399	3,599	3,799	2,899	4,099	4,199	5,799	6,699
56 to 65	4,999	5,099	5,399	4,199	5,999	6,099	8,299	9,699
66 to 80	7,699	7,899	8,399	6,499	9,299	9,499	12,899	14,999
more than 80	12,087	12,401	13,186	10,203	14,599	14,913	20,251	23,548

b. Floater basis for 2 members:

Sum Insured	200000	400000	500000	500000	750000	1000000	1500000	2500000
Deductible	100000	200000	200000	300000	300000	500000	500000	500000
Above 3 months to 35 years	3,999	4,199	4,599	3,499	4,899	5,099	6,799	8,099
36 to 45	4,899	5,099	5,399	4,199	5,999	6,099	8,199	9,599
46 to 55	5,199	5,399	5,999	4,599	6,499	6,699	9,199	10,599
56 to 65	7,399	7,599	8,599	6,699	9,499	9,599	13,199	15,299
66 to 80	11,499	11,799	13,299	10,399	14,699	14,899	20,499	23,699
more than 80	18,053	18,524	20,879	16,326	23,077	23,391	32,183	37,207

Note: The above rates are to be applied on the highest aged member.

c. Floater for more than 2 members: Additional Premium per member over and above Table 2(b) Premium irrespective of any plan opted under Super Top Cover.

3 rd Member	4 th or more
1500	750

3) Additional Premium for Waiver of Deductible (WOD) - Individual:

WOD Period /Deductible waived (in Rs)	100000	200000	300000	500000
30 Days	150	175	200	250
60 Days	260	300	350	500
90 Days	400	450	500	750

Additional Premium for Waiver of Deductible (WOD) – Floater

WOD Period /Deductible waived (in Rs)	100000	200000	300000	500000
30 Days	200	250	300	400
60 Days	400	450	500	800
90 Days	600	700	800	1200

WOD Period /Number of members	For 3rd member or above
30 Days	100
60 Days	150
90 Days	200

* All premium rates mentioned above are exclusive of service tax.

Health Protector Plus

UIN: IFFHLIP21328V022021

Benefit Illustration in respect of policies offered on individual and family floater basis (Yearly premium):

Illustration 1 - For Top-up policy	Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)					Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)				
	Age of the Members Insured	Premium (Rs.)	Sum Insured (Rs.)	Deductible (Rs.)	Premium (Rs.)	Discount for 2 members	Premium after discount (Rs.)	Sum Insured (Rs.)	Deductible (Rs.)	Consolidated Premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
36 to 45	3,099	5,00,000	2,00,000	3099	5%	2944	500000	200000	5099	NA	5099	500000	200000
46 to 55	3,399	5,00,000	2,00,000	3399	5%	3229	500000	200000		NA			
Total Premium for all members of the family is Rs. 6,498, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000.				Total Premium for all members of the family is Rs. 6,137, when they are covered under a single policy. Sum Insured available for each individual is Rs. 5,00,000.					Total Premium when policy is opted on floater basis is Rs. 5,099. Sum Insured of Rs. 5,00,000 is available for the entire family.				

Illustration 2 - for Super Top-up policy	Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)					Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)				
Age of the Members Insured	Premium (Rs.)	Sum Insured (Rs.)	Deductible (Rs.)	Premium (Rs.)	Discount for 2 members	Premium after discount (Rs.)	Sum Insured (Rs.)	Deductible (Rs.)	Consolidated Premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Deductible (Rs.)
Above 3 months to 35 years	3,199	10,00,000	5,00,000	3199	5%	3039	1000000	500000	6,099	NA	6099	1000000	500000
36 to 45	3,899	10,00,000	5,00,000	3899	5%	3704	1000000	500000					
Total Premium for all members of the family is Rs. 7,098, when each member is covered separately. Sum Insured available for each individual is Rs. 10,00,000.				Total Premium for all members of the family is Rs. 6,743, when they are covered under a single policy. Sum Insured available for each individual is Rs. 10,00,000.					Total Premium when policy is opted on floater basis is Rs. 6,099. Sum Insured of Rs. 10,00,000 is available for the entire family.				

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