



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Surrogacy Protector Policy	
2	Policy number		
3	Type of Insurance Product/ Policy	<ul style="list-style-type: none">Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4	Sum Insured (Basis) (Along with amount)	Rs.5,00,000 (Individual)	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>We shall pay Reasonable and Customary hospitalization expenses incurred for the Surrogate mother during the Policy Period due to the following:</p> <p>i) Any complications arising from Pregnancy through surrogacy and/or</p> <p>ii) Post-partum complications arising from such a delivery, provided that,</p> <ul style="list-style-type: none">The surrogacy procedures and treatments are carried out in accordance with the Surrogacy Regulations Act, 2021, Surrogacy Regulation Rules, 2022 and its amendments as may be applicable.Purpose of Surrogacy must be in compliance with The Surrogacy Regulation Act 2021 and its amendments as may be applicable. <p>The following hospitalization expenses are payable:</p> <p>1. Room Rent Expenses:</p> <p>a. Room rent expenses subject to following limits:</p> <p>For Normal Room Rent Expenses: A limit of 2% of the sum insured on per day basis or charges of a Single Standard Air Conditioned Room, whichever is less</p> <p>For Intensive Care Unit/Therapeutic Expenses: A limit of 3% of the sum insured on per day basis or actual, whichever is less.</p> <p>b. Service charges and Surcharge on actual basis subject to a maximum limit of 0.5% of Sum Insured for each hospitalization.</p> <p>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.</p> <p>3. Anesthesia, blood, oxygen, operation theatre, surgical appliances, medicines and drugs, diagnostic materials,</p>	D(I) COVERAGE

		<p>diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organ transplant and similar expenses relating to the treatment of complications arising out of surrogate pregnancy and/or post-partum complications arising out of such a delivery.</p> <p>4. AYUSH expenses including pre-hospitalization and post hospitalization expenses up to the limit of the Sum Insured of the insured person per policy period, relating to the treatment of complications arising out of surrogate pregnancy and/or post-partum complications arising out of such a delivery.</p> <p>Note :</p> <ol style="list-style-type: none"> 1. The coverage is available only after the pregnancy is confirmed for the surrogate mother. 2. In case a Room with rent higher than the entitlement limit is opted, the associated medical expenses payable under item (2) and (3) (except costs of pharmacy & covered consumables, implants & medical devices and cost of diagnostics above provided by the Hospital) above supplied by Hospital above of 'what is covered' shall be restricted to <ul style="list-style-type: none"> a) The charges applicable to the room within the eligibility as per hospital tariff; <li style="text-align: center;">or b) The same proportion as the entitled room rent bears to availed room rent (if hospital tariff is not available or no room available within the eligible room rent). This proportionate payment will not be less than 50% (fifty percent) of the claim amount for item 2&3 of "What is Covered". <p>The proportionate deduction will not be applied in respect of hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.</p> <p>The proportionate deduction shall also not apply for ICU charges.</p> 3. In case the Insured person has to undergo organ transplant due to complications arising from Surrogate Pregnancy and/or Post-partum complications in such a delivery, then hospitalization expenses of person donating an organ during the course of organ transplant subject to the above sub-limits applicable to the insured person and within the extended sum insured (if applicable) of the insured person. However, for Room Rent, the amount payable in respect of Donor will be 50% (fifty percent) of Room Rent limit of insured person(patient) for whom the claim is lodged. 	
--	--	---	--

		<p>4. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.</p> <p>In addition to the above coverages, We also pay the below mentioned additional benefits:</p> <p>a. Pre and Post Hospitalization Medical Expenses:</p> <p>a) Pre-Hospitalization Medical Expenses incurred up to 15 days prior to covered Hospitalization.</p> <p>b) Post Hospitalization Medical Expenses incurred during period up to 30 days after covered Hospitalization.</p> <p>b. Modern Treatment Methods and Advancement in Technologies:</p> <p>The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 50% of Sum Insured, during the Policy period, if it arises out of complications due to Surrogate Pregnancy and/or Post-partum complications arising from such a delivery</p> <p>A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</p> <p>B. Robotic surgeries</p> <p>c. Day care treatment: Day care medical treatments, for complications related to Surrogate Pregnancy and/or post-partum complications in such a delivery, listed in Annexure – B “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 hours.</p> <p>(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest the Insured Person to please check our website/ contact our nearest office for updated list of such treatments.)</p>	
6	Exclusions (what the policy does not cover)	<p>(I) STANDARD EXCLUSIONS</p> <ol style="list-style-type: none"> i. Cosmetic or plastic Surgery ii. Investigation & Evaluation iii. Rest Cure, rehabilitation and respite care iv. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. v. 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. 	E(I)&(II)

		<ul style="list-style-type: none"> vi. 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. vii. Obesity/ Weight Control Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: <ul style="list-style-type: none"> 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); <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • Obesity-related cardiomyopathy • Coronary heart disease • Severe Sleep Apnea • Uncontrolled Type2 Diabetes viii. Hazardous or Adventure sports ix. Breach of law x. Excluded Providers xi. Refractive Error xii. Unproven Treatments <p>(II)SPECIFIC EXCUSIONS</p> <ul style="list-style-type: none"> i. Any expenses related to deliveries/Child Birth. ii. Expenses related to the treatment of any illness arising out of Surrogate Pregnancy and/or Post-partum complications in such a delivery, within 30 days from the policy commencement date shall be excluded. iii. Any expenses related to treatment of any disease/illness/injury other than complications arising from Surrogate Pregnancy and/or Post-partum complications in such a delivery. iv. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded. However, any complications related to Surrogate Pregnancy and/or Post-partum complications in such a delivery directly attributable to pre-existing diseases shall be covered. v. Any expenses related to New Born baby through Surrogacy to the Surrogate Mother. vi. Any expenses related to Surrogacy Treatment Procedure cost including but not limited to Injection, tests, Ultra Sound, Embryo transfer, Ovum pickup. vii. Costs associated with cryopreservation and storage of sperm, eggs and embryos. viii. Expenses related to the following: <ul style="list-style-type: none"> a) Any type of contraception, sterilization. 	
--	--	---	--

		<p>b) Reversal of sterilization.</p> <ul style="list-style-type: none"> ix. Any expenses related to voluntary termination of pregnancy, not arising out of a medical complication. x. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics & napkins. xi. Any expenses incurred on treatment other than Allopathy or AYUSH. xii. Ambulance charges, pre and post hospitalization expenses for the donor in case of major organ transplant. xiii. Cost of spectacles and contact lens or hearing aids. xiv. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy. xv. 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. xvi. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner. xvii. 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. xviii. Intra-articular injections. xix. 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: 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. xx. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim. xxi. Travel or transportation expenses. xxii. Any Domiciliary Hospitalization expenses. xxiii. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury. xxiv. 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, 	
--	--	--	--

		<p>restraints and detainment of all kinds.</p> <p>xxv. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.</p> <p>xxvi. 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.</p>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	Initial waiting period: 30 days for any illness arising out of Surrogate Pregnancy and/or Post-partum complications in such a delivery.	E(II)2
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>a) Modern Treatment Methods and Advancement in Technologies-50% of Sum Insured.</p> <p>b) Room Rent A limit of 2% of the sum insured on per day basis or charges of a Single Standard Air Conditioned Room, whichever is less.</p> <p>c) Intensive Care Unit Expenses A limit of 3% of the sum insured on per day basis or actual, whichever is less.</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>	<p>D(I)ADDITIONAL BENEFITS 2</p> <p>D(I)1</p> <p>D(I)1</p>

9	Claims/Claims Procedure	<ul style="list-style-type: none"> • Intimation of claim: An event which might become a claim under the policy must be reported to us as soon as possible or within “a maximum of 24 hours of hospitalization, but in any case 12 hours prior to insured person(s)’s discharge from hospital/nursing home”. • A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30(thirty) days from the date of discharge from the hospital or completion of treatment whichever is later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit. In such case(s), the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital. <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility 1 Hour from receipt of final document ii. TAT for cashless final bill authorization: 3 Hours from receipt of final document. <p><i>Provide the details /web link for following:</i></p> <ul style="list-style-type: none"> i. Network Hospital Details https://www.iffcotokio.co.in/contact-us?tab=hospital ii. Helpline number 1800-103-5499 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf iv. Downloading/getting claim form https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf 	F(15)
10	Policy Servicing	<p>Call center number of the insurer 1800-103-5499</p> <p>Details of Company officials</p> <p>Enter Details of Policy Serving Branch or Salesperson</p>	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

To access your CIS, please login into your account in our website:
<https://www.iffcotokio.co.in/>

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.