

AROGYA SANJEEVANI POLICY



**AROGYA SANJEEVANI POLICY, IFFCO-TOKIO
GENERAL INSURANCE COMPANY LIMITED**

UIN: IFFHLIP20161V011920

What is Arogya Sanjeevani Policy, IFFCO- TOKIO General Insurance Company Limited?

Arogya Sanjeevani Policy has been mandated by IRDA with the aim of offering a standard affordable health insurance policy which will cover basic hospitalization needs of policyholders with Minimum Sum Insured of 1 lakh to maximum sum insured of 5 lakhs .



**WHOM
CAN WE
INSURE?**

SPOUSE

SELF

**CHILDREN
BELOW AGE
OF 25 YRS**

PARENTS

**PARENT
IN LAW**

SALIENT FEATURES

❖ **Sum insured**

- On Individual basis – SI shall apply to each individual family member
- On Floater basis – SI shall apply to the entire family
- Minimum sum insured -Rs 1,00,000/-
- Maximum limit - Rs 5 lakhs.(in the multiples of fifty thousand)

❖ **Policy Period** - 1 year

❖ **Grace Period** - For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.

❖ **Hospitalization Expenses** Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible (not applicable for Day care procedures).

❖ **Pre/ post Hospitalization** 30 days/ 60 days

❖ **Cumulative bonus** - Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.

❖ **Co Pay** - 5% co pay on all claims

SCOPE OF COVER

- ❖ Medical expenses incurred for Hospitalization of the Insured Person, up to the Sum Insured and Cumulative Bonus will be payable, for:
 - Room Rent, Boarding, Nursing Expenses up to 2% of the sum insured subject to maximum of Rs.5000/-, per day.
 - Intensive Care Unit (ICU) / (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.
- ❖ Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- ❖ Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.
- ❖ Cataract: Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.
- ❖ Dental treatment, necessitated due to disease or injury
- ❖ AYUSH Treatment
- ❖ Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

PROCEDURES PART OF DAY CARE TREATMENT- Upto 50% Of Sum Insured

- ❖ Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- ❖ Balloon Sinoplasty
- ❖ Deep Brain stimulation
- ❖ Oral chemotherapy
- ❖ Immunotherapy- Monoclonal Antibody to be given as injection,
- ❖ Intra vitreal injections ,
- ❖ Robotic surgeries ,
- ❖ Stereotactic radio surgeries
- ❖ Bronchial Thermoplasty
- ❖ Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- ❖ IONM - (Intra Operative Neuro Monitoring)
- ❖ Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

MAJOR EXCLUSIONS



- ☐ Investigation & Evaluation- Expenses related to any admission primarily for diagnostics and evaluation purposes.
- ☐ Rest Cure, rehabilitation and respite care.
- ☐ Obesity/ Weight Control-Expenses related to the surgical treatment of obesity .
- ☐ Change-of-Gender treatments
- ☐ Cosmetic or plastic Surgery
- ☐ Hazardous or Adventure sports
- ☐ Breach of law
- ☐ Excluded Providers-Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible.(in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.)

MAJOR EXCLUSIONS cont..



- ☐ Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- ☐ Dietary supplements and substances that can be purchased without prescription.
- ☐ Refractive Errors related treatment expenses, Unproven treatments, Sterility & Infertility
- ☐ Maternity Expenses
- ☐ War(whether declared or not)Nuclear ,chemical or biological attack or weapons etc
- ☐ Any expenses incurred on Domiciliary Hospitalization and OPD treatment
- ☐ Treatment taken outside the geographical limits of India
- ☐ In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes

WAITING PERIODS



- **Pre-Existing Diseases:** 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.
- **First Thirty Days Waiting Period:** 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.
- **Specific Waiting Period :** Expenses related to the treatment of the listed conditions, shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer.

MORATORIUM PERIOD

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

PREMIUM PAYMENT IN INSTALLMENTS

INSTALLMENT BASIS/ FREQUENCY:

- ✓ Half Yearly
- ✓ Quarterly
- ✓ Monthly



Following Conditions will apply :

- ✓ Grace Period of 15 days would be given to pay the installment premium due for the Policy.
- ✓ During such grace period, Coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.
- ✓ The Benefits provided under – “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
- ✓ No interest will be charged If the installment premium is not paid on due date.
- ✓ In case of installment premium due not received within the grace Period, the Policy will get cancelled.

DISCOUNTING PARAMETERS

Individual Plans

- ☐ Discount for customers already covered under their employers' Group Mediclaim Policy provided by ITGI
- ☐ Existing Customer Discount: 10% (for all customers holding any other insurance policy of IFFCO TOKIO.)
- ☐ ITGI Employee Discount: 20% (for all employees of IFFCO TOKIO.)
- ☐ Direct Discount-10% (for all customers who buy policy directly through IFFCO-TOKIO website/Walk-in.)
- ☐ Family Discount
 - 2 Members – 10% discount
 - 3 or more Members – 20% discount

Floater Plans

- ☐ Discount for customers already covered under their employers' Group Mediclaim Policy provided by ITGI
- ☐ Existing Customer Discount: 10% (for all customers holding any other insurance policy of IFFCO TOKIO.)
- ☐ ITGI Employee Discount: 20% (for all employees of IFFCO TOKIO.)
- ☐ Direct Discount-10% (for all customers who buy policy directly through IFFCO-TOKIO website/Walk-in.)

Note: All the above mentioned discounts are on cumulative basis and cannot exceed a total of 25% .

HAPPY SELLING !



***Refer policy wordings for detailed terms and conditions**