

SWASTHAY RAKSHA BIMA

UIN: IFFHLIP20068V011920



What is Swasthay Raksha Bima Policy?



The Swasthya Raksha Bima policy has been drafted with the aim of offering affordable health insurance for customers located in smaller, non-metro cities where the cost of medical treatment is comparatively lower as compared to metros and other bigger cities.

SCOPE OF COVER

- A. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits.
 - a) normal Room expenses: 1% of the Sum Insured per day
 - b) Sub limit per day for ICU : 2.0% of the Sum Insured per day
- B. Daily Allowance: Rs. 150/- per day
- C. Ambulance charges :limited to Rupees 750/-
- D. AYUSH hospitalization expenses including Pre- Hospitalization and Post Hospitalization expenses
- E. Pre-Hospitalization and Post Hospitalization expenses For 30 days
- F. 35% co pay if the Insured person takes treatment in Zone A.
- G. Medical Practitioner/ Anesthetist, Consultant fees, 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.

SCOPE OF COVER cont...

H. The below mentioned list of treatments has specified expenses limit per claim which is inclusive of all expenses

S. No.	Treatment List	Expense Limit Per Claim
A	Cataract	5% of the Sum Insured subject to maximum of Rs 15,000/-
B	Piles, Fistula, Fissure, Tonsillitis, Sinusitis	8% of the Sum Insured subject to maximum of Rs 25,000/-
C	Benign Prostatic Hypertrophy, Hernia	8% of the Sum Insured subject to maximum of Rs 30,000/-
D	Knee/Hip Joint replacement, Cancer, renal failure	30% of the Sum Insured subject to maximum of Rs 1,00,000/-
E	Appendicitis, Gall Bladder stones and Hysterectomy	10% of the Sum Insured subject to maximum of Rs 25,000/-

WHOM CAN WE INSURE?



Self

Spouse

Children
(upto the age
of 23years)

MAJOR EXCLUSIONS



- Any condition(s) defined as Pre - existing Disease in the Policy, until 48 months of continuous
- Any expense on Hospitalization for any Disease during first 30 days of commencement of this Insurance cover except due to accident.
- Any expense incurred in the first year of operation of the insurance cover on treatment Specified Diseases.
- Any expense incurred during the first two continuous years of operation of the insurance cover on treatment of Specified Diseases.
- 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).
- Cost of spectacles and contact lens or hearing aids.
- Dental treatment or surgery of any kind, unless requiring Hospitalization.
- 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.
- Any Hospitalization for evaluation purpose.
- 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.
- Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.

MAJOR EXCLUSIONS cont..



- Any expense on treatment of Insured Person as outpatient in a Hospital.
- Any expense on experimental or alternative medicine. .
- Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind
- Stem cell implantation/ surgery and Genetic disorders.
- Treatment of obesity or condition arising there from hormone replacement therapy, sex change or treatment.
- Travel or transportation expenses, other than Ambulance service charges
- Pre-natal and post-natal expenses.
- Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
- 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.
- Non Medical expenses that are not covered as per Annexure “List of Non Payable items”..
- Treatment taken in Excluded Hospitals.
- Correction of vision and all types Laser treatments / surgeries for EYE which can be performed on OPD basis
- Intra-articular injections
- Oral Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting.

DISCOUNTING PARAMETERS

- 10% (ten percent) discount in policy premium for all customers holding any other insurance policy of IFFCO TOKIO.
- 20% (twenty percent) discount for all employees of IFFCO TOKIO.
- 10% (ten percent) discount in policy premium is permitted for all customers who buy policy directly through IFFCO-TOKIO website.
- **Discount for employees covered under the Group Mediclaim Policy:** All the employees covered under the Group Mediclaim Policy insured with IFFCO TOKIO will be eligible for discount as per below mentioned slabs –

Sum Insured opted under Swasthya Raksha Bima	Discount
Rs.4 lakh and above	10% (ten percent)

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

SALIENT FEATURES

- **COVERAGE OFFERED AT LOW PREMIUM** keeping in view the smaller cities and non metros.
- **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.
- **EMERGENCY ASSISTANCE SERVICES**
- **EXTENSION OF POLICY PERIOD :** In case the Insured Person who is covered under Swasthya Raksha Bima is travelling abroad for minimum of 15 days or more buys a Travel insurance policy from ITGI, in that event, the Period of Insurance under the Swasthya Raksha Bima policy in respect of that Insured Person will be extended by 15 days or such applicable days of travel.
- **NO UPPER LIMIT FOR DAILY ALLOWANCE in terms of number of days.**
- **AYUSH TREATMENT covered up to Sum Insured.**

CO-PAYMENT

- 35% co pay if the Insured person takes treatment in Zone A.

ZONE A

- Greater Mumbai, Delhi, Kolkata, Chennai, Bangalore, Hyderabad, Ahmedabad, Pune, Surat, Jaipur, Kanpur, Lucknow, Nagpur, Ghaziabad, Indore, Coimbatore, Kochi, Patna, Kozhikode, Bhopal, Thrissur, Vadodara, Agra, Visakhapatnam, Malappuram, Thiruvananthapuram, Kannur, Ludhiana, Nashik, Varanasi, Madurai, Meerut, Vijaywada, Faridabad, Rajkot, Jamshedpur, Jabalpur, Srinagar, Asansol, Vasai-Virar, Dhanbad, Allahabad, Aurangabad, Amritsar, Jodhpur, Ranchi, Raipur, Kollam, Gwalior, Durg-Bhilainagar, Chigarh, Tiruchirapalli and Kota

HAPPY SELLING !



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