



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Essential Health Protector

UIN: IFFHLIP25040V022425

Policy Wording

A. POLICY SCHEDULE

Kindly refer the document "policy schedule cum tax invoice".

B. PREAMBLE

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 in so far as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

Please go through all policy related documents carefully including Customer Information Sheet and policy schedule.

The Schedule shall form part of this Policy and for purposes policy wording and schedule shall be read together.

Any word or expression to which a specific meaning has been attached in any part of this Policy or Schedule shall bear such meaning wherever 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.

C. DEFINITIONS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Additional Benefits**
It means the coverages which are granted to insured person(s) apart from main coverage under the policy, for which no additional premium is required to be paid by you.

3. **Age** means age of the Insured Person on last birthday as on date of commencement of the Policy.
4. **App** means an application or a specialized program downloaded onto mobile devices.
5. **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.
6. **AYUSH Treatment** refers to the medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
7. **AYUSH Hospital:**
An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.
8. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to Our authorized representative.
9. **Basic Sum Insured**
It means the monetary amount as opted against each Insured Person and all Insured Person(s) without cumulative bonus on individual or collective basis.
10. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/ installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

11. **Class “A” Cities**

It means cities of Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.

12. **Cashless facility** means a facility extended by Us to the Insured Person where the payments, of the costs of treatment undergone by the Insured Person in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization is approved.

13. **Condition Precedent** shall mean a policy term or condition upon which the Our liability under the policy is conditional upon.

14. **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.

15. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the You/insured Person will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.

16. **Cumulative Bonus**

It means any increase or addition in the Basic Sum Insured granted by us without an associated increase in premium.

17. **Daycare centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion 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 shall make these accessible to Our authorized personnel.

18. **Day Care Treatment** means medical treatment, and/or *surgical procedure* which:

- I. Is 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 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

19. **Deductible**

It is a cost-sharing requirement under a health insurance policy that provides that We will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in

case of hospital cash policies which will apply before any benefits are payable by Us. A deductible does not reduce the sum insured.

20. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
21. **Dependent Child**
A dependent child refers to a child (natural or legally adopted), who is financially dependent on You/ Insured Person or proposer and does not have his/her independent sources of income.
22. **Diagnostics** means Medical tests conducted by a registered medical practitioner, supported by clinical, radiological, histological, histopathological, laboratory evidence and/or surgical evidence wherever applicable.
23. **Disease** means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.
24. **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.
25. **Emergency Assistance Service Provider** means the licensed entity which will provide identified Emergency Medical Assistance and Personal Services to people travelling more than 150 kilometres from their declared place of residence in India
26. **Extension(s)** means optional coverage which is available to Insured Person(s) apart from main coverage and additional benefit, which you can choose to, take on payment of necessary additional premium.
27. **Family** means the members of the family consisting of you, your spouse and dependent parent and children, brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together.
28. **Floater Benefit**
It means the amount of Sum Insured mentioned in the Policy Schedule which is common to the whole family covered under the policy which will be the maximum amount payable under this policy for all the covered family members put together, during the policy period if opted to be a Floater policy.
29. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits (sum insured, cumulative bonus, specific waiting periods, waiting periods for pre-existing diseases, moratorium periods etc.) accrued under the policy. The grace period for payment of the premium shall be:
 - a) fifteen days for monthly installment modes, (wherever applicable)

b) thirty days for any other installment modes (wherever applicable)

c) thirty days for renewal.

Provided,

a) the coverage shall be available during the grace period, wherever the premium payment is paid in installments. (wherever applicable)

b) Coverage is not available during the period for which no premium is received after the expiry of the Policy.

30. **Health Risk Assessment**

It means a screening tool that helps individuals identify and understand their health risks and monitor health status over a defined period of time.

31. **Home Care Treatment** means treatment availed by the Insured Person at home which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a) The Medical Practitioner advises the Insured Person to undergo treatment at home.

b) There is a continuous active line of treatment with monitoring of the health status by a Medical Practitioner for each day through the duration of the home care treatment.

c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

32. **Hospital/ Nursing Home**

It 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 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 ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient 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 shall make these accessible to Our 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 or any amendments thereof.***

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.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

33. **Hospitalization** 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.
34. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - i. **Acute Condition** means a disease, illness or injury that is likely to response 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.
 - ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) It needs ongoing or long-term control or relief of symptoms
 - c) It requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - d) It continues indefinitely
 - e) It recurs or is likely to recur
35. **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.
36. **Inpatient Care** means treatment for which the Insured Person has to stay in a *hospital* for more than 24 hours for a covered event.
37. **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.
38. **Intensive Care Unit (ICU) Charges** means the amount charged by a hospital towards ICU expenses on a per day basis 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.
39. **Insured Person** means the Person(s) named as Insured Person(s) in the Schedule attached to the policy.
40. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
41. **Medical Assistance Services** means the stipulated medical services offered by emergency assistance service provider during a medical emergency situation while Insured Person(s) is/are away from home,

consisting of medical consultation and evaluation, medical referrals, medical evacuation and medically supervised repatriation.

42. **Medical Second Opinion** means consultation by a specialist medical practitioner for evaluation, review of treatment and recommendation in case of a critical illness.
43. **Medical expenses** means 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.
44. **Medically Necessary Treatment**—Medically necessary treatment is defined as any 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 Person;
 - 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.
45. **Medical Practitioner/Physician** 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 Person or close family member.
46. **Medical Services** means the stipulated medical services offered by Emergency Assistance Service Provider during a medical emergency situation while the Insured Person is away from home, consisting of medical consultation and evaluation, medical referrals, medically supervised repatriation.
47. **Migration** means a facility provided to the Insured Person(s) (including all members under family cover and group policies), to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing diseases, moratorium period, etc. and from one health insurance policy to another with the same insurer.
48. **Newborn baby** means baby born during the policy period and is aged upto 90 days.
49. **Network Provider** means hospitals enlisted by Us, TPA or jointly by Us and TPA to provide medical services to an Insured Person by a cashless facility.

The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.

(Website Link- <https://www.iffcotokio.co.in/contact-us?tab=hospital>)

50. **Non- Network Provider** means any *hospital/* day care centre that is not part of the *network*.
51. **Notification of Claim** is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication
52. **Out-Patient (OPD) treatment** means treatment in which the Insured Person 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 Person is not admitted as a day care or in-patient.
53. **Personal Services** means the other emergency services offered by Emergency Assistance Service Provider during a medical emergency situation while the Insured Person is 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.
54. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured Person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured Person.
55. **Policy Period/ Period of Insurance** means the period commencing from the effective date and time as shown in the Schedule and terminating on the expiry date and time as shown in the Schedule.
56. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy.
57. **Policy year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.
58. **Portability** means a facility provided to the Insured Person(s) (including all members under family cover), to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing diseases, moratorium period, etc. from the existing insurer to acquiring insurer.
59. **Post Hospitalization Medical Expenses**
It means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital, provided that:
a) Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
b) The inpatient Hospitalization claim for such Hospitalization is admissible by Us.
60. **Pre-existing Disease**
It means any condition, ailment, injury or disease:
a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

61. **Pre-Hospitalization Medical Expenses**

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- a) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b) The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

62. **Preventive Risk Assessment**

It means a method that helps individuals identify their health risks and status by undergoing Medical tests, conducted by a registered medical practitioner, supported by clinical, radiological, histological, histopathological, laboratory and /or surgical evidence, wherever applicable over a defined period of time.

63. **Proposal** means any signed proposal/e-proposals by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.

64. **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

65. **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.

66. **Renewal** means 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 sum insured, cumulative bonus, specific waiting periods, waiting periods for pre-existing diseases, moratorium periods etc.

67. **Reward points** means Virtual Points earned on achievement of the targets and completion of the various activities, as specified under our Wellness programme.

68. **Room rent** It means the amount charged by a hospital towards room and boarding expenses and shall include the associated medical expenses.

69. **Self-Care** means all the steps taken by an individual for his/her well-being. It shall include the steps taken towards emotional, physical, psychological and spiritual health.

70. **Single Standard Air-Conditioned Room** means an air-conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all Air-Conditioned accommodations available as a Single room in that Hospital.

71. **Sub-limit** means a cost sharing requirement under a health insurance policy in which We would not be liable to pay any amount in excess of the pre-defined limit.
72. **Sum Insured or Annual Sum Insured** means the combined limit of Basic Sum Insured and the Cumulative Bonus. It represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during each Policy Year of the Policy Period.
73. **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 and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
74. **Telemedicine Consultation**
It means the practice of caring for patients remotely, when the provider and patient are not physically present with each other. Modern technology has enabled doctors to consult patients by using video-conferencing tools.
75. **Terrorism/Terrorist Incident** 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.
76. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by Us, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
77. **Transgender** means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as kinner, hijra, aravani and jogta.
78. **Unproven/Experimental treatment** is treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
79. **Waiting Period**
It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
80. **Wellness**

It is an approach to Healthcare that emphasizes preventing illness and prolonging life, as opposed to treating diseases.

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

82. **You/Your** means the Proposer/Policyholder.

83. **Cancer of Specified Severity**

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.

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 tumours 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 Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

82. **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:

- 1. no response to external stimuli continuously for at least 96(ninety-six) hours;
- 2. life support measures are necessary to sustain life; and
- 3. Permanent neurological deficit which must be assessed at least 30 (thirty) 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.

83. **Kidney Failure Requiring Regular Dialysis**

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

84. **Major Organ /Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
2. 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:

1. Other stem-cell transplants
2. Where only islets of langerhans are transplanted

85. **Motor Neuron Disease With Permanent Symptoms**

It means disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 (three) months.

86. **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. Neurological damage due to SLE is excluded.

87. **Myocardial Infarction (First Heart Attack - Of Specified Severity)**

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- a. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- b. new characteristic electrocardiogram changes.
- c. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The Following are excluded:

- a. Other acute Coronary Syndromes.
- b. Any type of angina pectoris.
- c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

88. **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

89. **Open Heart Replacement Or Repair Of Heart Valves**

It means the actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

90. **Permanent Paralysis Of Limbs**

It means total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 (three) months.

91. **Stroke Resulting In Permanent Symptoms**

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 (three) months has to be produced.

I. The following are excluded:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

D. BENEFITS COVERED UNDER THE POLICY

(I). COVERAGE

What is Covered

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

1. Room Rent Limit -

Annual Limits			
Room expenses	Rent	Rs. 10 lakhs and above (including cumulative bonus)	Below Rs. 10 lakhs (including cumulative bonus)

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	I. In respect of class "A" cities, a limit of 1.50% of the sum insured on per day basis or actual, whichever is less. II. In respect of cities other than class "A" cities, a limit of 1.25% of the sum insured on per day basis or actual, whichever is less;
Intensive Care Unit/Therapeutic Expenses	A limit of 3 % of the sum insured on per day basis or actual, whichever is less.	I. In respect of class "A" cities, a limit of 2.5% of the sum insured on per day basis or actual, whichever is less. II. In respect of other than class "A" cities, a limit of 2% of the sum insured on per day basis or actual, whichever is less;

Service charges and Surcharge on actual basis subject to a maximum limit of 0.5% of sum insured for each hospitalization.

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, diagnostic imaging modalities, Dialysis, 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. Coverage also includes pre- hospitalization and post hospitalization expenses.
5. Road Ambulance Charges: Actuals or Rs.10,000/- whichever is less, for each hospitalization. This benefit is within the Policy Sum Insured limit.
6. An additional Daily Allowance amount equivalent to 0.15% of the Basic Sum Insured, up to a maximum of Rs. 1,000 per day, for the duration of Hospitalization towards defraying miscellaneous expenses.
Note: If the hospitalization period is less than 24 hours, then this daily allowance will be reduced proportionately for the period of hospitalization. This benefit is within the Policy Sum Insured.
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 the Sum Insured.
8. Home Care Treatment: As per actuals or 1% of Sum Insured maximum up to 10,000 /-,whichever is less.
Note:Any expenses Clause 5 or 6 shall not be payable.
9. The below mentioned list of treatments has specified expenses limit per claim which is inclusive of all expenses as mentioned in (1), (2), (3), (5), (6), (7) and (8) or actual amount, whichever is less.

List of Treatments

S.No	Treatment List	Expense Limit Per Year
A	Cataract	a) For Basic SI 5L- <10L- Rs.50 k per eye b) For Basic SI 10L-<15L- Rs.75 k per eye c) For Basic SI 15L and above - Rs.1 L per eye
B	ENT Disorders	10% of the Basic SI, up to Rs.1.5 L
C	Treatment of Hernia and its immediate complications, including cost of implant	10% of the Basic SI, upto Rs 1.5 L per site
D	Hysterectomy	10% of the Basic SI, upto Rs.2 L
E	Piles, Hamorrhoidectomy, Fissure, Fistula, Sphincterectomy	10% of the Basic SI, upto Rs.1.5 L
F	Knee Ligament	10% of the Basic SI, upto Rs.2 L
G	Joint Replacement (including Implant)	20% of the Basic SI, upto Rs.3 L per replacement
H	PIVD and all other spinal procedures	20% of the Basic SI, upto Rs.3 L

Notes:

Note 1:

i) In case Insured Person(s) opt(s) for a room with rent higher than the entitlement limit, 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 of 'What is Covered' shall be restricted to: -

a) The charges applicable to the room within the eligibility of Insured Person(s) as per the Sum Insured, on an individual or collective basis, as per hospital tariff;

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 40% of the claim amount for item 2 & 3 of "What is covered".

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. The proportionate deduction shall also not apply for ICU charges.

ii) 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 sum insured. However, for Room Rent, the amount payable in respect of Donor will be 50% of Room Rent limit of Insured Person(patient) for whom the claim is lodged.

iii) For the purpose of determining the sub-limits of expenses for Room/ Boarding/ nursing charges and AYUSH hospitalization expenses including pre-hospitalization, post-hospitalization, home care treatment and domiciliary hospitalization as detailed under item (1), (4), (7) & (8) of "What is covered" above, the specified percentages will be applied on the sum insured only.

iv) Terrorism is Covered.

Note 2: 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.

Note 3:

No waiting period/ sub-limits are applicable from the date the Newborn baby (as defined) has been added in the policy through an endorsement upon payment of additional premium.

Note 4: Benefit 5 and 6 mentioned under What is Covered shall be available, only in the event of an admissible claim of hospitalization expenses under this policy.

Note 5: Expenses on Medicines, coronary stents, Implants and such other similar items shall be paid as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

(II). SPECIAL CONDITIONS

A. Extension of policy period: In case the Insured Person(s) who is/are covered under this Policy has/have to go abroad for a minimum of 30 days or more, and accordingly he/she/they buy a Travel insurance policy from IFFCO-Tokio General Insurance Co. Ltd. for those 30 days or more and submit(s) the proof thereof (copy of visa and photocopy of stamped passport on return), in that event the period of insurance under this Policy in respect of the Insured Person(s) will be extended by 30 days or more i.e. the period of insurance under the policy shall be extended for those number of days for which any travel insurance policy (with IFFCO-Tokio General Insurance Co. Ltd) has run or actual period abroad subject to a minimum of 30 days period abroad.

B. Reinstatement of basic sum insured:

After the exhaustion of Sum Insured under the policy, 100% of the Basic Sum Insured shall be reinstated for the unexpired policy year(without any deduction of reinstatement premium), subject to the following:

- a) Reinstatement shall be made only once in a Policy Year.
- b) The unutilized reinstated sum insured cannot be carried forward to the next renewal for annual policies/next year for long term policies.
- c) This reinstatement benefit will be applicable each year for long term policies.
- d) If the claimed amount is higher than the balance Sum Insured under the policy, then this reinstatement benefit will not be triggered for the same claim, however reinstated Sum Insured would be available for:
 - i) subsequent claims for the same member and/ or other insured members.
 - ii) any other injury, disease or illness (other than chronic disease listed under point f)
 - iii) for subsequent disease/injury/illness which Insured Person(s) has/have sustained whilst being in the hospital for the other disease/injury
- e) The reinstated Sum Insured would not be available:

- i) in cases of relapse within 45 days of first hospitalization for which Insured person(s) was/were hospitalised.
- ii) for Domiciliary Hospitalization and Home Care.

Example:

If an insured with a basic sum insured of Rs. 5L makes the first claim to undergo a procedure costing Rs.5.25L, claim settlement for the same would be limited to Rs. 5L subject to T&C of the policy. Further, the sum insured under this policy shall be reinstated to Rs. 5L without any deduction of reinstatement premium. However, this re-instated SI cannot be used to pay the balance Rs.25,000 /-. The reinstated sum insured would, however, be available for any further claim occurring after the reinstatement. (unless it is a relapse of the ailment/injury in the first claim within 45 days or chronic disease listed under point f) within the policy year.

- f) The reinstated basic sum insured will not be available for the following chronic diseases where the initial claim under the same policy period has been lodged for: --
 - i) Cancer of Specified Severity
 - ii) Coma of Specified Severity
 - iii) Kidney Failure Requiring Regular Dialysis
 - iv) Major Organ /Bone Marrow Transplant
 - v) Motor Neuron Disease With Permanent Symptoms
 - vi) Multiple Sclerosis with Persisting Symptoms
 - vii) Myocardial Infarction (First Heart Attack - Of Specified Severity)
 - viii) Open Chest CABG
 - ix) Open Heart Replacement Or Repair Of Heart Valves
 - x) Permanent Paralysis Of Limbs
 - xi) Stroke Resulting In Permanent Symptoms

C. No Claim Bonus

One of the following benefits shall be applicable based on the option chosen by You at the time of renewal and mentioned in the Policy Schedule:

(i)Cumulative Bonus (CB)

- a) The Cumulative Bonus shall be increased by 25% of the basic sum insured for the first claim-free Policy Year and by 10% at each subsequent claim free Policy Year for all Insured Person(s) either individually or on a collective basis, subject to a maximum of 100% (of basic sum insured of the expiring policy. In short, the following grid A shall be followed for the calculation of Cumulative bonus.

Grid-A

Year	Policy Claim Status	% CB earned
0	Claim free	-
1	Claim free	25%
2	Claim free	10%
3 and beyond	Claim free	10% each year subject to max 100% of basic sum insured

Illustration A:

If a family or individual has a basic sum insured of Rs. 5 Lakhs, the cumulative bonus at the end of first claim-free year will be Rs. 1.25 Lakhs (25% of basic SI). At the end of second claim-free year, the cumulative bonus shall be Rs. 0.5 Lakh (10% of basic SI) and the total CB will be 1.75 Lakhs and so-on upto a maximum of Rs. 5 Lakhs.

Year	Base SI (in Rs)	% CB earned	CB earned (in Rs)	Total CB (in Rs)	Claim Status
0	5 Lakhs	-	-	-	Claim free
1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	Claim free
2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim free
3	5 Lakhs	10%	0.5 Lakhs	2.25 Lakhs	Claim free
4	5 Lakhs	10%	0.5 Lakhs	2.75 Lakhs	Claim free
5	5 Lakhs	10%	0.5 Lakhs	3.25 Lakhs	Claim free
6	5 Lakhs	10%	0.5 Lakhs	3.75 Lakhs	Claim free
7	5 Lakhs	10%	0.5 Lakhs	4.25 Lakhs	Claim free
8	5 Lakhs	10%	0.5 Lakhs	4.75 Lakhs	Claim free
9	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
10	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

b) For cumulative bonus accrual, the policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date of a claim-free policy, beyond which the entire cumulative bonus earned will lapse and be forfeited.

c) In case of a claim under the policy in respect of any Insured Person(s), the existing cumulative bonus will be reduced at the rate it had accrued, subject to the stipulation that basic sum insured shall be maintained.

Illustration B:

Continuing the case as in Illustration A, if any Insured Person(s) makes a claim in year '2', the cumulative bonus shall be reduced by Rs. 0.5 Lakh (10% of basic SI), bringing the accrued cumulative bonus to Rs 1.25 Lakh.

Year	Base SI	% CB accrued	CB earned	Total CB	Claim status
0	5 Lakhs	-	-	-	claim free
1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim
3	5 Lakhs	-10%	-0.5 Lakhs	1.25 Lakhs	Claim
4	5 Lakhs	-25%	-1.25 Lakhs	0	claim
5	5 Lakhs	0	0	0	claim free
6	5 Lakhs	10%	0.5 Lakhs	0.5 Lakhs	claim free

Illustration C :Portability/Migration

Case 1 : Portability/ Migration to this policy on the first renewal

Year	Insurer	Base SI	% CB accrued	CB earned	Total CB	Claim Status
0	ABC	5 Lakhs	-	-	-	Claim free
1	ITGI (ported)	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	Claim free
2	ITGI	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim free
3	ITGI	5 Lakhs	10%	0.5 Lakhs	2.25 Lakhs	Claim free
4	ITGI	5 Lakhs	10%	0.5 Lakhs	2.75 Lakhs	Claim free
5	ITGI	5 Lakhs	10%	0.5 Lakhs	3.25 Lakhs	Claim free
6	ITGI	5 Lakhs	10%	0.5 Lakhs	3.75 Lakhs	Claim free
7	ITGI	5 Lakhs	10%	0.5 Lakhs	4.25 Lakhs	Claim free
8	ITGI	5 Lakhs	10%	0.5 Lakhs	4.75 Lakhs	Claim free
9	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
10	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

Case 2 Portability/ Migration to this policy at any year except first renewal

Year	Insurer	Base SI	% CB accrued	CB earned	Total CB	Claim Status
0	ABC	5 Lakhs	-	-	-	Claim free
1	ABC	5 Lakhs	5% (assumed)	0.25 Lakhs	0.25 Lakhs	Claim free
2	ABC	5 Lakhs	5% (assumed)	0.25 Lakhs	0.5 Lakhs	Claim free
3	ITGI (ported)	5 Lakhs	10%	0.5 Lakhs	1 Lakh	Claim free
4	ITGI	5 Lakhs	10%	0.5 Lakhs	1.5 Lakhs	Claim free
5	ITGI	5 Lakhs	10%	0.5 Lakhs	2 Lakhs	Claim free
6	ITGI	5 Lakhs	10%	0.5 Lakhs	2.5 Lakhs	Claim free
7	ITGI	5 Lakhs	10%	0.5 Lakhs	3 Lakhs	Claim free
8	ITGI	5 Lakhs	10%	0.5 Lakhs	3.5 Lakhs	Claim free
9	ITGI	5 Lakhs	10%	0.5 Lakhs	4 Lakhs	Claim free
10	ITGI	5 Lakhs	10%	0.5 Lakhs	4.5 Lakhs	Claim free
11	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
12	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping)	Claim free

					100% of base Sum insured)	
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Notes:

1) Long Term Policies

- In case of a long-term Policy, any Cumulative Bonus that has accrued for first/second Policy Year will be available in the subsequent policy year.
- In case of a claim, the existing cumulative bonus will be reduced at the rate it had accrued, subject to the stipulation that basic sum insured shall be maintained.

Illustration D

Continuing the case as in Illustration A, if any Insured Person(s) makes a claim in year '2', the cumulative bonus shall be reduced by Rs. 0.5 Lakh (10% of basic SI), bringing the accrued cumulative bonus to Rs 1.25 Lakh.

	Year	Base SI	% CB Earned	CB Amount earned	CB available during the policy year	Claim status
Long term policy (3 Yr)	0	5 Lakhs				claim free
	1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
	2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	claim
Renewed policy (3 Yr)	3	5 Lakhs	-10%	- 0.5 Lakhs	1.25 Lakhs	claim free
	4	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	claim
	5	5 Lakhs	-10%	- 0.5 Lakhs	1.25 Lakhs	claim free

2) For Floater Policies

- The CB shall be added and available to the family on floater basis, provided no claim has been reported from any insured members of the family. CB shall reduce in case of claim from any of the insured members of the family.
- The Cumulative Bonus so accrued in the previous Policy Year(s), will only be available to those Insured Person(s) who were Insured in the previous Policy Year(s) and continue to be Insured with Us in the subsequent Policy Year(s).

3) If the Insured members of the family renew their expiring policy by splitting the Sum Insured into two or more floater policies/individual policies, the CB of the expiring policy shall be apportioned to such renewed Policies in the proportion of the Sum Insured of each Renewed Policy

4) If the Sum Insured under the Policy has been increased/ decreased at the time of renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year subject to the cumulative CB amount not exceeding 100% of the basic sum insured of the renewed policy.

5) If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of renewal premium, any awarded CB shall be withdrawn.

(ii) No Claim Discount

A discount of 5% on base premium would be allowed at the time of renewal, if no claim is made in the expiring policy. This discount of 5% shall be available on every renewal until a claim is made. This discount shall not be available for Extension/Add-On premiums.

Conditions applicable for Cumulative Bonus & No Claim Discount

Only one of the above benefits are applicable on renewal, You may express Your consent to opt for either of the benefit at the time of renewal.

Cumulative Bonus earned and accumulated shall not be reduced/ removed unless there is a claim, even if You choose to opt for No Claim Discount in any particular renewal. However, if You have opted for No Claim Discount in the existing Policy and You wish to opt for Cumulative Bonus at the time of renewal, then the No Claim Discount of 5% shall not be available.

Cumulative Bonus shall be carried forward and shall reduce if there is a claim reported in the policy period. The No Claim Discount is not available on renewal if there has been a claim in any of the policy years of a long term policy.

Illustration E

Case 1: Annual Policies

Year	Base SI	% CB earned	CB Amount earned	CB available during the policy year	Claim Status
0	5 Lakhs	-			claim free
1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
On renewal, Insured Person opting No claim Discount over Cumulative Bonus					
2	5 Lakhs	0%		1.25 Lakhs	claim free
3	5 Lakhs	0%		1.25 Lakhs	claim
4	5 Lakhs	-25%	-1.25 Lakhs	0	claim free

Case 2: Long Term Policies

	Year	Base SI	% CB earned	CB Amount earned	CB available during the policy year	Claim Status
Long Term Policy(3 Yr)	0	5 Lakhs	-			claim free
	1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	claim free
	2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	claim free
On renewal, Insured Person opting No claim Discount over Cumulative Bonus						
Renewed Policy(3 Yr)	3	5 Lakhs	0%		1.75 Lakhs	claim free
	4	5 Lakhs	0%		1.75 Lakhs	claim
	5	5 Lakhs	-10%	-0.5 Lakhs	1.25 Lakhs	claim free

Since there has been a claim in the long term renewal policy, the No claim discount is not available at the next renewal.

D. Voluntary Co-Payment:

The following Co-pay options are available under the product:

10%, 20% or 25% .

The Co-pay percentage, if opted shall be applied on each and every admissible claim as per the schedule.. Once the Co-Pay is opted under the policy, it cannot be opted out during the policy period

(III). ADDITIONAL BENEFITS

We will pay for the additional benefits as mentioned below:

1. **Daily Allowance-** An additional daily allowance amount equivalent to 0.15% of the Basic Sum Insured, up to a maximum of Rs. 1,000 per day in respect of an Insured Person for the duration of hospitalization. If the hospitalization period is less than 24 hours, then this daily allowance will be reduced proportionately for the period of hospitalization. This benefit is within the Policy Sum Insured.
2. **Road Ambulance Charges-** Road Ambulance charges in connection with any admissible claim subject to a limit of actuals or Rs. 10,000/- whichever is less, for each hospitalization. This benefit is within the Policy Sum Insured limit.
3. **Pre and Post Hospitalization Expenses**
 - a) **Pre-Hospitalization Medical Expenses** incurred up to 60 days prior to Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.
 - b) **Post Hospitalization Medical Expenses** incurred during a period up to 90 days after Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.
This benefit is within the Policy Sum Insured limit.
4. **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 Home Care 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.
5. **Day Care Treatment:** Day care medical treatments listed in Annexure C – “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 hours.
(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you/Insured Person to please check our website/ contact our nearest office for updated list of such treatments.

Website Link- https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/day-care-procedures.pdf)

6. **Hospitalization expenses if period of hospitalization is less than 24 hours:** At our discretion, we will pay hospitalization expenses if the duration of hospitalization is more than 12 hours but less than 24 hours except for the listed day care surgeries, provided that this treatment expense has been authorized by us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner treating the Insured Person(s). In such case(s) the room rent shall be limited to 50% of the entitled room rent per day. Further in such case(s) of less than 24 hours of hospitalization, no pre-hospitalization expenses will be allowed and post-hospitalization will be limited to a duration of 15 days from date of discharge.
7. **Health check-up:** Insured Person(s) shall be entitled to undergo a periodic medical checkup upon renewal of the policy. This benefit is dependent on the Basic sum insured of the policy. The following table may be referred for this benefit:

a) For Policies with Basic Sum Insured on Floater Basis

Basic Sum Insured	Periodicity	Eligibility	Package
5 lacs to Less than 10 lacs	After each claim free Policy year	Any one member	Gold Package
10 lacs upto 25 Lacs	After each Policy year, irrespective of claim	Any one member	Platinum Package
Above 25 lacs	After each Policy year, irrespective of claim	Any two members	Platinum Package

b) For Policies with Basic Sum Insured on Individual Basis

Basic Sum Insured	Periodicity	Package
5 lacs to Less than 10 lacs	After each claim free Policy year	Gold Package
10 lacs and above	After each Policy year, irrespective of claim	Platinum Package

Refer annexure B for details of the health packages:

This benefit is subject to the conditions below:

- The health checkup can be availed only through Our empaneled service provider on cashless basis.
- We shall not be liable for any associated costs or expenses (conveyance, supplies etc.)
- The checkup/tests are pre-determined. No addition or exchange/swap in the list of tests shall be allowed.
- This benefit shall not reduce the Basic Sum Insured or impact the No Claim Bonus.
- The check-up/tests have to be undertaken within year of eligibility, provided the policy has been active at the time of availing this benefit.
- Any unutilized checkup/test cannot be carried forward beyond one year of eligibility.
- No refund/discounts in renewal premium in lieu of non-consumption of this benefit shall be allowed.
- This benefit shall not be construed as a waiver of Our rights to deny any claims on grounds of non-disclosure of material facts and/or Pre-Existing Disease by You/the insured Person.

Disclaimer:

- We shall not assume any liability for any errors or omissions or consequence of any actions related to the health check-up.
- This facility is provided by Our empaneled service provider, IFFCO-Tokio GIC is only acting as a facilitator and not be liable for quality of services.

8. **Vaccination expenses:** Insured Person(s), on individual or collective basis, shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy years of 365 days each with us, subject to a maximum of 7.5% of the total proportionate premium paid(excluding taxes) for the last two policy years, provided no claim(s) is/are made in respect of the Insured Person(s) during that period of insurance and subject to :
- i) previous two expired policies were renewed without break (in case of annual policies) or the expiring policy was a long term (two/three year) policy
 - ii) This expense should be claimed after two continuous claim free Policy Years.
 - iii) The expenses have to be claimed within a year of eligibility.

9. **Gender Reassignment Cover**

We shall indemnify the Reasonable and Customary Charges incurred for Gender Reassignment Surgery and associated hormonal and laser therapy for the Insured Person.

Limit of Liability

50% of the Policy Basic Sum Insured maximum up to Rs.4 Lakhs (within the Policy Basic Sum Insured).

Conditions Applicable

- a) A waiting period of continuous 24 months shall be applicable from the time the Insured Person is covered in this policy and renewed subsequently.
- b) After the waiting period of 24 months, this Coverage shall be available only in the Policy Year of Gender Reassignment Surgery.
- c) Once claimed, this coverage shall not be available in the subsequent policy years.
- d) Only one gender reassignment surgery during the lifetime of an Insured Person shall be covered.
- e) Any expenses on procedure or therapy to revert the changed gender shall not be covered.

Exclusions Applicable

Additional Benefits under the Policy (Daily Allowance, Road Ambulance Charges) shall not be payable for Gender Reassignment and associated hormonal and laser therapies.

10. **Emergency Assistance Services**

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 kilometers or more away from the residential address as mentioned in the policy schedule for less than 90 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 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 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:

1. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
2. The provision of the Emergency Medical or Personal Assistance Services to the Insured Person during the Period of Insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalization claim is admissible under the Policy.

Exclusions: 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 the trip or returning home
- c) With a pregnancy term of over six months
- d) With mental or nervous disorders unless hospitalized.

Specific exclusions:

- a) Trips exceeding 90 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 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 the Insured Person.

11. Wellness Services (Available for Policies with One Year Policy Term Only) - This policy provides facilitation and/or arranging, at no additional cost whatsoever, Wellness and Preventive Health Services for promoting and rewarding the healthy behavior of the Insured Person as described below:

(A) Value Added Services

(a) Cashless Telemedicine Consultation:

- i. **General Physicians and Specialists:** Insured Person(s) can book unlimited chat, telephonic and/or video appointments for all medical consultations.
- ii. **Mental Health Helpline:** 24/7 Psychological Counselling can be obtained through electronic mode.

(We shall not be liable for any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of these services.)
- iii. **Medical Second Opinion:** This service may be obtained through electronic mode, from an empaneled medical expert and/or agency and is subject to the following conditions:
 - This has to be specifically requested for by the Insured Person.
 - This opinion given, is without examining the patient, based only on the medical records submitted.
 - The opinion is only for medical reasons and not for medico-legal purposes.
 - Any liability due to any errors or omission or consequences of any action, taken in reliance of the opinion provided, by the Medical Practitioner is outside the scope of this policy.

(b) Discount on Services: The Insured Person can avail, unlimited times, discount on the below, offered by the service providers, which will be displayed on the website:

- i. **Diagnostics/ Annual Health check-ups** - Insured Person(s) can book via our Mobile Application a range of laboratory tests to be performed at diagnostic center and/or at home.
- ii. **E-pharmacy** - Insured Person(s) can order the home delivery of prescribed drugs, health and Wellness medicines/supplements, devices and accessories, delivered through network of our service provider
- iii. **Nutritional Counselling:** Insured Person(s) can avail services of our empaneled nutritional counsellor to achieve health goals and obtain guidance for achieving these goals.
- iv. **Dental Care-** Insured Person(s) can avail services of our empaneled Dentists
- v. **Home care-** Insured Person(s) can avail services of our empaneled Home care providers such as Nurses & physiotherapists.

Detailed List is available on our website www.iffcotokio.co.in

(B) Reward Programme:-

This Wellness program aims to motivate, incentivize and reward the healthy habits and efforts of the Insured Person(s) to improve their health and lifestyle. The activities mentioned below will be tracked by us, wherein the Insured Person(s) can earn reward points, which can be redeemed as per our redemption terms and conditions.

The Wellness services and activities are categorized as below:

S.No	Activity	Max. Points/ Insured Person
1	Track your health a) Completion of Health Risk Assessment (online questionnaire) b) Undergoing Diagnostics/ Preventive Risk Assessment	100 750
2	Enrollment in Disease Management Program	200
3	Walk towards a healthy lifestyle (based on steps walked per day)	1000
4	Fitness activities a) Participation in Walkathon/Marathon b) Enrollment in fitness initiatives like Gym/Yoga/Swimming etc	100 200
5	Enrollment in Self-Care Plans like meditation/ diet plans	500

1. Track your Health:

a) Completion of Health Risk Assessment (HRA):

- The Health Risk Assessment (HRA), is a questionnaire to be filled online by the Insured Person(s), which acts as a tool for assessing the health and quality of life. It will enable us to help the Insured Person review the lifestyle practices, which have an impact on Insured Person's health condition.
- The Insured Person needs to log into his/her account on either the application or the website www.iffcotokio.co.in and complete the HRA questionnaire.
- This can be undertaken once, anytime during the policy year.
- On Completion of the online HRA questionnaire in the first month of policy year, the Insured Person(s) earns **100** reward points or, **50** reward points is earned by the insured Person on completing HRA in the later months of policy year.

b) Preventive Risk Assessment:

For those showing additional commitment to the cause, we reward the Insured Person with extra points for undergoing Diagnostic/ Preventive tests during the policy year. Insured Person(s) can take these tests at any empaneled diagnostic center. The cost of these tests borne by Insured Person(s) will be offered at a discounted price by our service provider, wherein Insured Person(s) will earn following reward points:

S. No.	Activity	Points
i.	On submission of the report of a test, insured Person earns	75
ii.	If the result of a test is within the normal range, insured Person earns, per test report, additional	50
iii.	If the result of a test is not within the normal range, Insured Person may Enroll for Nutritional Consultation program through our app. This will provide the expert advice on the subject matter at an attractive price. On submitting the receipt of Nutritional Consultation, Insured Person will earn	50

List of tests under Preventive Risk Assessment:

- i. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL (Cholesterol Ratio)
 - ii. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
 - iii. CBC including ESR
 - iv. Thyroid Profile
 - v. Liver Profile
 - vi. Prostate-specific antigen (PSA) test/Mammogram
- c) The receipt of these Test Reports/ Nutritional Consultation need be submitted within 30 days from the date of undergoing the Health Check-Up/ Nutritional Consultation.

2. Disease Management Program:

- a) Insured Person may enroll at his own expense for any Chronic Disease Management program offered by a recognized institute for illness such as Diabetes, Hypertension, Asthma or Cardiovascular Disease to earn **200** points. Insured Person may also track his health through our empaneled medical experts who will guide in improving the health condition.
- b) The Insured Person(s) has to submit the relevant receipt(s) within 30 days of Enrollment.

3. Walk towards a healthy lifestyle:

- a. Insured Person(s) earns reward points on achieving the targeted step counts. This is recorded by our IFFCO-Tokio mobile application as mentioned below:

Average no. of steps per day in a policy year	Points
2500-4000	200
4001-6000	350
6001-8000	500
8000-10000	750
10001 & above	1000

- b. The steps for the last 2 months, in each policy year, will not be taken into consideration for calculation of average number of steps per day.
- c. The mobile app must be downloaded within 30 days of the Commencement of the Policy, to avail of this benefit.
- d. Dependent children below 18 years of age, covered either under individual or floater policy, will not be considered for participation under this scheme.

4. Fitness activities:

Insured Person(s) earns reward points, for participation and completion, in any of the fitness and health related activities as given below:

S.No	Activity	Points
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1	On submission of Photo/BIB number /Certificates /Entry ticket, taken to participate in the fitness events such as any walkathon, marathon, cyclothon	100
2	Membership in a health club (for at least a minimum period of 3 months) - Membership in a health club in a Gym / Yoga Centre / Aerobic Exercise / Zumba Classes/ Swimming / Dance Classes / Sports Club / Pilates Classes / Martial Arts / Gymnastics	200

The Gym/ Yoga Centre/ Aerobic Exercise/ Zumba Classes/ Swimming / Dance Classes / Sports Club / Pilates Classes / Martial Arts / Gymnastics and companies organizing these fitness activities, required to be legally registered as per rules and regulations as applicable by law.

5. Self-Care Programs:

- Insured Person(s) Enrolling in Self-care Programs such as meditation sessions, coaching/counselling, either offline or online, can earn **50** reward points for each programme, subject to a maximum of 10 programs.
- Insured Person(s) has to submit the relevant receipt within 30 days of Enrollment.

For Family Floater policies, the weightage of the points earned by the members shall be as below:

Family members	Weightage
Primary Member	75%
Spouse	50%
Dependent Children (aged above 18 years)	25%
Other relatives covered in the Policy	20%

Redemption Of Reward Points

Insured Person(s) is entitled to redeem, the total earned reward points, as follows:

1. Discount in premium at the time of renewal,

OR

2. Redeemable Vouchers following a renewal

1. Discount in Renewal Premium:

Individual Policy:

Earned reward points	Discount in Premium
500	2.5%
1000	5%
1500	7.5%
2000	10%
2500	12.5%

Family Floater Policy:

Earned reward points	Discount in Premium
1000	2.5%
2000	5%
3000	7.5%
3500	10%
4000	12.5%

2. Redeemable Vouchers following a renewal

- Each reward point will be equivalent to Rs. 0.50 and can be redeemed for an equivalent value of vouchers in multiples of 500 against membership in Fitness Centers and/or purchasing health supplements.
- Reward points not redeemed in the given policy year, can be carried forward, provided the policy is renewed with us continuously.
- Insured Person will be able to view the accumulated reward points on the mobile app and website

Points Earned	Voucher Value (Rs.)
1000	500
2000	1000
3000	1500
4000	2000
5000	2500

TERMS AND CONDITIONS UNDER WELLNESS SERVICES

- Any information provided by the Insured Person(s) in this regard shall be kept confidential.
- All medical services shall be provided by our empaneled health care service providers. While we ensure full due diligence before empanelment of the service provider, the decision to obtain their advices/services and utilize them, is entirely at the Insured Person(s) discretion. The costs are to be borne by the Insured Person.
- There will not be any cash redemption against the Wellness reward points.
- Reward points can be redeemed once at the time of renewal (for discounts in premium) or following a renewal (for vouchers). Balance of the reward points not redeemed will be carried forward to the next policy cycle.
- Insured Person(s) has to notify and submit relevant documents, reports, receipts etc. for various Wellness activities within 30 days of undertaking such activity/tests and 60 days before the renewal date of the policy, whichever is earlier.
- For services that are provided through empaneled service provider, IFFCO-Tokio GIC is only acting as a facilitator.

Illustration -

The Illustration as given below depicts the methodology on which the rewards will be calculated in case of a family floater policy.

An Insured Person named Raju, aged 35 along with his wife Jaya, aged 32 is covered under family floater health policy. They have earned the following reward points during the policy year:

S. No.	Wellness activity taken up	Points earned by Raju	Points earned by Jaya
1	Completed Online Health Risk Assessment (HRA)	100	100
2	Submitted PRA test reports	500	500
3	Participated in fitness activities	350	350
4	Walk towards healthy lifestyle	500	500
5	Enrolled in Disease management program	200	200
6	Enrolled in self-care program	500	500
Total reward points earned		2150	2150
Points on percentage as per our grid		2150 x 75%	2150 x 50%
Reward points for the policy year		1612.50	1075

Total reward points earned by Raju and Jaya = (1612.50+1075) 2687.50

(IV). EXTENSION AVAILABLE

Consumable cover

In Lieu of payment of additional premium, We shall pay the Reasonable and Customary charges incurred by the Insured Person, mentioned in List hereunder, subject to:

- The items payable are prescribed by the treating Medical Practitioner and are medically necessary for the treatment of the same illness/ injury for which Insured Person has taken In-Patient or Daycare Treatment.
- We have accepted Claim for Hospitalization/Daycare/Homecare/Domiciliary expenses under the Policy with which this extension is attached.
- The expenses on consumables covered under this optional coverage shall be within the sub-limits/ Sum Insured limit.
- Once opted, this extension cannot be opted out in subsequent renewals.
- Mid-term inclusion of this extension is not allowed.

Sl. No	Item
1	BABY FOOD (Not Payable)
2	BABY UTILITIES CHARGES (Not Payable)
3	BEAUTY SERVICES (Not Payable)
4	BELTS/ BRACES (Rental Charges Payable)
5	BUDS (Not Payable)
6	COLD PACK/HOT PACK (Payable)
7	CARRY BAGS (Not Payable)
8	EMAIL / INTERNET CHARGES (Not Payable)
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) (Not Payable)
10	LEGGINGS (Payable)

11	LAUNDRY CHARGES (Not Payable)
12	MINERAL WATER (Not Payable)
13	SANITARY PAD (Not Payable)
14	TELEPHONE CHARGES (Not Payable)
15	GUEST SERVICES (Not Payable)
16	CREPE BANDAGE (Payable)
17	DIAPER OF ANY TYPE (Payable)
18	EYELET COLLAR (Payable)
19	SLINGS (Payable)
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES (Payable)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED (Payable)
22	Television Charges (Not Payable)
23	SURCHARGES (Not Payable)
24	ATTENDANT CHARGES (Payable)
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) (Not Payable)
26	BIRTH CERTIFICATE (Not Payable)
27	CERTIFICATE CHARGES (Not Payable)
28	COURIER CHARGES (Not Payable)
29	CONVEYANCE CHARGES (Not Payable)
30	MEDICAL CERTIFICATE (Not Payable)
31	MEDICAL RECORDS (Not Payable)
32	PHOTOCOPIES CHARGES (Not Payable)
33	MORTUARY CHARGES (Payable)
34	WALKING AIDS CHARGES (Rental Charges Payable)
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) (Rental charges payable)
36	SPACER (Payable)
37	SPIROMETRE (Payable)
38	NEBULIZER KIT (Rental Charges Payable)
39	STEAM INHALER (Payable)
40	ARMSLING (Payable)
41	THERMOMETER (Payable)
42	CERVICAL COLLAR (Payable)
43	SPLINT (Payable)
44	DIABETIC FOOT WEAR (Payable)
45	KNEE BRACES (LONG/ SHORT/ HINGED) (Payable)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER (Payable)
47	LUMBO SACRAL BELT (Payable)
48	NIMBUS BED OR WATER OR AIR BED CHARGES (Rental Charges Payable)
49	AMBULANCE COLLAR (Payable)
50	AMBULANCE EQUIPMENT (Rental Charges Payable)
51	ABDOMINAL BINDER (Payable)
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES (Not Payable)
53	SUGAR FREE Tablets (Not Payable)
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) (Payable)
55	ECG ELECTRODES (Not Payable)
56	GLOVES (Payable)

57	NEBULISATION KIT (Payable)
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] (Not Payable)
59	KIDNEY TRAY (Not Payable)
60	MASK (Payable)
61	OUNCE GLASS (Not Payable)
62	OXYGEN MASK (Payable)
63	PELVIC TRACTION BELT (Rental charges payable)
64	PAN CAN (Not Payable)
65	TROLLY COVER (Not Payable)
66	UROMETER, URINE JUG (Not Payable)
67	AMBULANCE (Payable)
68	VASOFIX SAFETY (Payable)

Consequently, the 'List I – List of non -payable items' as per Annexure "A" stands deleted.

E.GENERAL EXCLUSIONS

(I)STANDARD EXCLUSIONS

We will not pay for:

1. Pre-Existing Diseases(Code- Excl01)

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy, with Us.
- In case of enhancement of basic sum insured the exclusion shall apply afresh to the extent of sum insured increased.
- If the Insured Person is continuously covered without any break as defined under the portability norms of IRDAI (Insurance Products) Regulations,2024 and its subsequent Circulars, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

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

- 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.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced basic sum insured in the event of granting higher sum insured subsequently.

3. 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 12/ 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 basic sum insured the exclusion shall apply afresh to the extent of sum insured increased.
- 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.

i. 12 Months waiting period

- i) Surgical treatment for Tonsillitis/ Adenoids
- ii) Tympanoplasty / Septoplasty
- iii) Fistula in anus, Anal Sinus, Piles
- iv) Any type of Carcinoma / Sarcoma/ Blood Cancer
- v) Varicose Veins / Varicose Ulcers
- vi) All types of Ligament Meniscus Tears

ii. 24 Months waiting period

- i) Cataract, Benign Prostatic Hypertrophy, DUB
- ii) Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectomy
- iii) Hernia, Hydrocele
- iv) Sinusitis
- v) Gall Bladder, Billiary, Renal and Urinary Stones
- vi) Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident)
- vii) Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident)
- viii) Chronic Renal failure
- ix) Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump

4. 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 Person. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

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

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.

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

7. 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.

8. Investigation & Evaluation (Code- Excl04)

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

9. 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.

10. 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

11. 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.

12. 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 diving, deep-sea diving.

13. 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

14. **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 You/Insured Person 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/Insured Person to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission. Website Link- <https://www.iffcotokio.co.in/contact-us?tab=hospital>)

15. **Refractive Error: Code- Excl15:**

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

16. 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**

17. 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**

(II) SPECIFIC EXCLUSIONS

1. Any disease aggravated by Diabetes and/or Hypertension for a waiting period of 90 days.
However, if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under Excl01 above and will be covered after 36 months of continuous coverages with Us. In case of portability, such waiting period shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
2. 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.
3. 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.

4. Cost of spectacles and contact lens or hearing aids.
5. Dental treatment or surgery of any kind, unless requiring Hospitalization.
6. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury.
7. 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.
8. 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.
9. Any expense on procedure and treatment including acupressure, acupuncture and magnetic.
10. 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
11. 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.
12. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including ayah/ barber, cosmetics and napkins.
13. Pre-natal and post-natal expenses.
14. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
15. 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.
16. 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 - Cancer of Specified Severity, Coma of Specified Severity, Kidney Failure Requiring Regular Dialysis, Major Organ /Bone Marrow Transplant, Motor Neuron Disease With Permanent Symptoms, Multiple Sclerosis with Persisting Symptoms, Myocardial Infarction (First Heart Attack - Of Specified Severity), Open Chest CABG, Open Heart Replacement Or Repair Of Heart Valves, Permanent Paralysis Of Limbs, Stroke Resulting In Permanent Symptoms

17. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis.
18. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.
19. Any other system of medicine/ treatment apart from Allopathy and AYUSH, unless recognized by the Central Government/Central Council of Indian Medicine or any other agency authorized by the Government of India.
20. Intra-articular injections.
21. 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.
22. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.

F. GENERAL TERMS AND CLAUSES

1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact* by you/the Insured Person.

*Material facts for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

(Note: We, at our discretion, might choose to continue the policy by imposing a waiting period or by taking any other measures in such an event of non-declaration/ mis-representation of material facts that surface during the course of the policy contract.)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by You /the Insured Person for Us to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to You/ Insured Person or your/his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by Us to the extent of that amount for the particular claim.

4. Multiple Policies

a) For Indemnity Coverages-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 case, the available coverage under the said policy is less than the admissible claim amount, the insurer chosen by the Insured Person shall seek the details of other available policies of the Insured Person and shall coordinate with other Insurers to ensure settlement of the balance amount as per the respective policy conditions.

b) For Benefit Coverage-On occurrence of the Insured event, You can claim from all Insurers under the Policy.

5. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/Insured Person(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the Insured Person or by your/his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) The suggestion, as a fact of that which is not true and which You/the Insured Person do/does not believe to be true;
- b) The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) Any other act fitted to deceive; and
- d) Any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. Cancellation

- a) You may cancel this policy at any time during the term, by giving 7 days' notice in writing. We shall
 - i. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
 - ii. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

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

7. [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. If You/Insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below:

- i. The waiting periods specified in Section E, (I) Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus(as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
- iii. Moratorium Period

We may underwrite your migration proposal, in case Insured Person is not continuously covered for 36 months.

8. [Portability](#)

You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from due date for renewal. If You/ Insured Person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:

- i. The waiting periods specified in Section E,(I) Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.
- iii. Moratorium Period

9. [Moratorium Period](#)

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

10. [Possibility of Revision of Terms of the Policy Including the Premium Rates](#)

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

11. [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 Person shall be allowed a period of thirty 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 Person has not made any claim during the Free Look Period, the insured Person 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.

12. Nomination

The policyholder is required at the inception and renewal of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, We will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

13. Policy Period: The policy period shall be upto a maximum of 3 years (1 year/ 2 years/ 3 years) as specified in the policy schedule.

14. Premium Payment in Installments: (Applicable for policies with Policy period 1 year):

If the Insured Person has opted for annual policy's Payment of Premium on installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- i. Grace Period of 15 days would be available for monthly installment mode.
- ii. Grace Period of 30 days would be available for all other installment mode.
- iii. During such grace period, Coverage will be available.
- iv. continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- v. No interest will be charged If the instalment premium is not paid on due date.
- vi. In case of installment premium due not received within the grace Period, the Policy will get cancelled.
- vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- viii. We have the right to recover and deduct all the pending instalments from the claim amount due under the policy.
- ix. Installment facility is not available wherever a new member has been added in the policy through an endorsement upon payment of additional premium.

15. Claim Procedure and Requirements:

a. Notification of Claim

Cashless	Reimbursement
The Insured Person must contact the Third Party Administrator/Us at least 48 hours before a planned Hospitalization. In an emergency situation We/ Third Party Administrator should be contacted within 24 hours of Hospitalization.	The Insured Person must report 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".

For more details refer below link

<https://www.iffcotokio.co.in/claims/claim-procedure>

Note: If We/ TPA seek any further clarification or documents in support of the claim, the same should be provided along with all supporting documents within 15 days from the date of such requirement from Us/ TPA.

b. Procedure for Cashless claims:

- (i) Treatment may be taken in a network provider and is subject to pre authorization by Us or Our authorized TPA.
- (ii) Cashless request form available with the network provider and TPA shall be completed and sent to Us/TPA for authorization.
- (iii) We/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- (v) We/ TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

c. Procedure for reimbursement of claims:

For reimbursement of claims, the insured person may submit the necessary documents to Us/TPA(if applicable) within the prescribed time limit as specified hereunder.

Sl No	Type of Claim	Prescribed Time limit for submission
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within thirty days from completion of post hospitalization treatment

Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- 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. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Original Payment receipts
- vi. Pharmacy Bills (Original Only) with supporting prescriptions
- vii. Discharge summary including complete medical history of the patient along with other details. (Photo Copy in case of claim for Pre/Post Hospitalization only)
- viii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- ix. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- x. Sticker/Invoice of the Implants, wherever applicable.
- xi. All previous treatment papers related to Ailment of last 3 years. (In some cases, we may ask for more than 3 years record if required)
- xii. Copy/Copies of previous insurance policies if required (in case not provided earlier)
- xiii. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xiv. 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.
- xv. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xvi. CKYC number of the Policyholder (Pan Card and Identity Proof with Address) as per AML Guidelines
- xvii. Identity Proof with Address Proof of the Insured Person with respect to whom, claim is reported.
- xviii. Legal heir/succession certificate, wherever applicable
- xix. Any other document if insured wants to furnish in support of the claim

Note:

1. We shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, We shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to Our satisfaction.
3. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies).
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

16. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You/ Insured Person shall furnish such information as We may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

17. [Renewal of Policy](#)

The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured Person, provided the product is not withdrawn and also subject to the following conditions:

- i. We shall send renewal notices to You, at least 30 days in advance from Policy due date.
- 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 Us 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. 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. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.
- vi. No loading shall apply on renewals based on individual claims experience.

18. [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.

19. [Notice & Communication](#)

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
- iii. We shall communicate with You/ Insured Person at the address or through any other electronic mode mentioned in the schedule.

20. [No Constructive Notice](#)

Any knowledge or information of any circumstance(s) or condition in connection with you / Insured Person(s), 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.

21. [Notice of Charge](#)

We will not be bound to take cognizance or be affected 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.

22. [Territorial Limit](#)

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.

23. [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.

24. [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.

25. [Endorsements \(Changes in Policy\)](#)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us. Any change made by Us shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by Us and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.
The policyholder may be changed during the Policy Period only in case of his/her demise.

26. [Limit of indemnity](#)

The liability under the subject policy by way of indemnity for all the covers shall in no way exceed the overall Sum Insured.

27. [Changes in Circumstances](#)

You/Insured Person 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.

28. [Change of Sum Insured](#)

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

29. [Terms and conditions of the Policy](#)

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

30. [Payment of Premium:](#)

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

31. [Electronic Transaction](#)

You /Insured Person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, 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.

32. [Reasonable Precaution](#)

You/Insured Person(s) shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.

33. [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 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.

34. [Claim Settlement \(provision for Penal Interest\)](#)

- i. We shall settle or reject a claim (other than cashless), as the case may be, within 15 days from the date of submission of claim.
- ii. In the case of delay in the payment of a claim, We shall pay interest to You from the date of receipt of intimation to the date of payment of claim at bank rate** plus 2%. Such interest shall be suo-moto paid by Us.
- iii. However, where the circumstances of a claim warrant an investigation during adjudication of the claim, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of submission of claim. 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 of investigation period, We shall be liable to pay interest to You at a rate bank rate** plus 2% from the date of receipt of intimation to the date of payment of claim. Such interest shall be suo-moto paid by Us.

***"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers), Regulations, 2024 and Master Circulars issued thereunder.

35. [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.

36. Policy Construction

In this Policy,

- i. The singular includes the plural and the plural includes the singular, unless otherwise indicated;
- ii. A reference to one gender includes all other genders

37. Provision for Senior Citizens

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Toll Free: 1800-103-5498
Courier: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001
E-mail: seniorcitizengrievance@iffcotokio.co.in

38. Get in touch with us

In case of any query, You/Insured Person may contact Us through:

Company Website: www.iffcotokio.co.in
Toll free: 1800-103-5499
E-mail: support@iffcotokio.co.in
Address: IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

39. Redressal Of Grievance

In case of any grievance, the Insured Person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>
Grievance Registration: Follow the above-mentioned link and fill the details to register the grievance
Toll Free: 1800-103-5499
Email: chiefgrievanceofficer@iffcotokio.co.in
Address: 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 our 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/contact-us/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 as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

The contact details of the Insurance Ombudsman offices have been provided in the below link:

- <https://www.cioins.co.in/Ombudsman>

The contact details of the Insurance Ombudsman offices have been provided as below

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Ms. Neerja Kapur Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.

Office Details	Jurisdiction of Office Union Territory, District)
BHOPAL Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH- Ms. Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI – Shri K. Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI – Ms Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI -Shri Ajay Kumar Sharma Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

Office Details	Jurisdiction of Office Union Territory, District)
<p>HYDERABAD- Ms. G Shobha Reddy 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 -23312122 Email: bimalokpal.hyderabad@cioins.co.in</p> <p>JAIPUR – Shri Satyajeet Rajan Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p> <p>Rajasthan</p>
<p>KOCHI- Shri Pradeep Kumar Jain Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p> <p>KOLKATA - Ms Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341, Email: bimalokpal.kolkata@cioins.co.in</p> <p>LUCKNOW - Shri. Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613, Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p> <p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p> <p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>

Office Details	Jurisdiction of Office Union Territory, District)
MUMBAI – Ms. Sarojini S Dikhale Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Ms Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Sunil Jain Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
THANE - Shri Umesh Sinha Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasanttrao Naik Mahamarg, Thane (West) Thane - 400604 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T

Insurance is the subject matter of solicitation

Annexure - A

List I – List of non-payable Items

Sl. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING

41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE

13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES

18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION\STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Annexure-B: Health Check-Up Package

Remarks	Test Name	Gold Package	Platinum Package
Infection Marker	Complete Blood Count	✓	✓
	Absolute Basophils Count, Blood	✓	✓
	Absolute Eosinophil Count, Blood	✓	✓
	Absolute Lymphocyte Count, Blood	✓	✓
	Absolute Monocyte Count, Blood	✓	✓
	Absolute Neutrophil Count, Blood	✓	✓
	ESR Automated	✓	✓
	Hemoglobin Hb	✓	✓
	MCH	✓	✓
	MCHC	✓	✓
	MCV	✓	✓
	MPV Mean Platelet Volume	✓	✓
	PCV Haematocrit	✓	✓
	Platelet Count Thrombocyte count	✓	✓

	WBC-Total Counts Leucocytes	✓	✓
	RDW (Red Cell Distribution Width)	✓	✓
	Neutrophils	✓	✓
	Eosinophils	✓	✓
	Lymphocytes	✓	✓
	Monocytes	✓	✓
	Basophils	✓	✓
	RDW-CV	✓	✓
	MENTZER INDEX9MCV/RCC	✓	✓
	Red Blood Cells - Blood	✓	✓
	RDWI	✓	✓
	Urine Routine & Microscopy Extended	✓	✓
	pH Urine	✓	✓
	Specific gravity	✓	✓
	Urobilinogen	✓	✓
	Colour	✓	✓
	Transparency	✓	✓
	Albumin	✓	✓
	Sugar	✓	✓
	Blood	✓	✓
	Red Blood Cells	✓	✓
	Pus cells (Leukocytes)	✓	✓
	Epithelial cells	✓	✓
	Crystals	✓	✓
	Cast	✓	✓
	Bacteria	✓	✓
	Yeast Cells	✓	✓
	Nitrate	✓	✓
	URINE KETONE	✓	✓
	Leucocyte Esterase	✓	✓
	Bile Pigments (Bilirubin)	✓	✓
	Others - Urine	✓	✓
	Volume - Urine	✓	✓
Blood Grouping	Blood Group ABO	✓	✓
	Blood Group RH typing	✓	✓
Remarks	Test Name	Gold Package	Platinum Package
Kidney Profile	Kidney Function Test	✓	✓
	BUN Urea Nitrogen, Serum	✓	✓
	Calcium Total, Serum	✓	✓
	Chlorides, Serum	✓	✓
	Creatinine, Serum	✓	✓
	Phosphorus Serum	✓	✓
	Sodium, Serum	✓	✓
	Urea, Serum	✓	✓
	Uric Acid, Serum	✓	✓
	BUN/Creatinine Ratio	✓	✓
	Urea/Creatinine Ratio	✓	✓
Cardiac Marker	Lipid Profile (Heart Care)	✓	✓

	Cholesterol-Total, Serum	✓	✓
	HDL Cholesterol Direct	✓	✓
	LDL Cholesterol -Direct	✓	✓
	Triglycerides, Serum	✓	✓
	Non - HDL Cholesterol, Serum	✓	✓
	VLDL	✓	✓
	LDL/HDL RATIO	✓	✓
	CHOL/HDL RATIO	✓	✓
	HDL / LDL Cholesterol Ratio	✓	✓
Thyroid Profile	Thyroid	✓	✓
	T3	X	✓
	T4	X	✓
	Tsh Ultrasensitive	✓	✓
Liver Profile	Liver Function Test	✓	✓
	Albumin, Serum	✓	✓
	Alkaline Phosphatase, Serum	✓	✓
	Bilirubin Direct, Serum	✓	✓
	Bilirubin Total, Serum	✓	✓
	GGTP (Gamma GT)	✓	✓
	Proteins, Serum	✓	✓
	SGOT/AST	✓	✓
	SGPT/ALT	✓	✓
	Bilirubin- Indirect, Serum	✓	✓
	Globulin	✓	✓
	A/G Ratio	✓	✓
	SGOT/SGPT Ratio	✓	✓
Diabetic Profile	Blood Glucose Fasting	✓	✓
	HbA1c	✓	✓
Vitamin	Vitamin D 25 Hydroxy	✓	✓
Anaemia Profile	Iron, Serum	✓	✓
	TIBC	✓	✓
	UIBC, Serum	✓	✓
	Transferrin Saturation	✓	✓
	Serum Ferritin	X	✓
Inflammation Marker	HsCRP High Sensitivity CRP	X	✓
Pancreas Panel	Amylase Enzymatic, Serum	X	✓
Cancer Screening	Prostate Specific Antigen (PSA) Total/CA125	X	✓
ECG		✓	✓

ANNEXURE-C

	ITGI Day Care Procedures
S.no	ENT: Operations of the ear
1	Stapedotomy to Treat Various Lesions in Middle Ear under LA
2	Revision of Stapedectomy
3	Endoscopic Stapedectomy
4	Middle ear polypectomy
5	Myringoplasty
6	Tympanoplasty type I
7	Tympanoplasty type II
8	Tympanoplasty type III
9	Tympanoplasty type IV
10	Revision of a Tympanoplasty
11	Other Operations on the Auditory Ossicles
12	Myringotomy with Grommet insertion
13	Removal of Tympanic Drain
14	Mastoidectomy
15	Reconstruction of the Middle Ear
16	Fenestration of the Inner Ear
17	Destruction (elimination) of the Inner Ear
18	Revision of a Fenestration of the Inner Ear
19	Incision of the Mastoid Process and Middle Ear
20	Incision & destruction of the Inner Ear
21	Endolymphatic Sac Surgery for Meniere's Disease
	ENT: Procedures on the nose & the nasal sinuses
22	Excision and Destruction of Diseased Tissue of the Nose
23	Excision of lesion of Internal nose
24	Operations on the Turbinates (nasal Concha)
25	Turbinectomy
26	Turbinoplasty
27	Foreign body removal from Nose under GA
28	Septoplasty
29	Nasal Sinus Aspiration
30	Reduction of Fracture of Nasal Bone
	ENT: Procedures on the tonsils & adenoids
31	Transoral Incision and Drainage of a Pharyngeal Abscess
32	Incision & Drainage of Retropharyngeal Abscess
33	Incision & Drainage of Parapharyngeal Abscess
34	Tonsillectomy without Adenoidectomy

35	Tonsillectomy with Adenoidectomy
36	Adenoidectomy
37	Adenoidectomy with Grommet Insertion
38	Palatoplasty
39	Tracheoplasty
40	Excision and Destruction of a Lingual Tonsil
41	Quinsy drainage
	OPHTHALMOLOGY: Procedures on the eyes
42	Biopsy of Tear Glands
43	Incision of Tear Glands
44	Incision of Diseased Eyelids
45	Excision and Destruction of Diseased Tissue of the Eyelid
46	Operations on the Canthus and Epicanthus
47	Corrective Surgery for Entropion
48	Corrective Surgery for Ectropion
49	Corrective Surgery for Blepharoptosis
50	Removal of a Foreign Body from the Conjunctiva
51	Removal of a Foreign Body from the Cornea
52	Incision & other operations of the Cornea
53	Procedures for pterygium
54	Removal of a Foreign Body from the Lens of the Eye
55	Removal of a Foreign Body from the Posterior Chamber of the Eye
56	Removal of a Foreign Body from the Orbit and Eyeball
57	Surgery for Cataract
58	Chalazion removal
59	Dacryocystorhinostomy
60	Correction of eyelid tear
61	Glaucoma Surgery
62	Surgery for Retinal Detachment
	Oncology Related procedures
63	Radiotherapy for Cancer
64	Conditioning Radiotherapy for BMT
65	HBI- hemibody Radiotherapy
66	IGRT- Image Guided Radiotherapy
67	SBRT- Stereotactic Body Radiotherapy
68	TBI- Total Body Radiotherapy
69	Adjuvant Radiotherapy
70	Neoadjuvant Radiotherapy
71	Palliative Radiotherapy
72	Radical Radiotherapy
73	Intraluminal Brachytherapy

74	External Mould Brachytherapy
75	Interstitial Brachytherapy
76	Intracavity Brachytherapy
77	Implant Brachytherapy
78	Intravesical Brachytherapy
79	Afterloading Catheter Brachytherapy
80	LDR Brachytherapy
81	Template Brachytherapy
82	HDR Brachytherapy
83	Cancer Chemotherapy
84	IV Push Chemotherapy
85	Continuous Infusional Chemotherapy
86	Infusional Chemotherapy
87	Radical Chemotherapy
88	Palliative Chemotherapy
89	Neoadjuvant Chemotherapy
90	Adjuvant Chemotherapy
91	Induction Chemotherapy
92	Consolidation Chemotherapy
93	Maintenance Chemotherapy
94	Rotational Arc Therapy
95	FSRT-Fractionated SRT
96	VMAT-Volumetric Modulated Arc Therapy
97	Extracorporeal Irradiation of blood products
98	Helical Tomo therapy
99	SRS- Stereotactic Radiosurgery
100	X-knife SRS
101	Gamma knife SRS
102	Electron Therapy
103	Tele cobalt Therapy
104	Tele Caesium Therapy
105	Tele Gamma Therapy
	Procedures of Heart and Blood vessels
106	Coronary Angiography
107	Insertion of filter in inferior vena cava
108	Tips Procedure for Portal Hypertension
109	Blood transfusion for recipient
110	Therapeutic Phlebotomy
111	Pericardiocentesis
112	Insertion of gel foam in artery or vein
113	Carotid angioplasty
114	Renal angioplasty

115	Varicose vein stripping or ligation
	Procedures of Respiratory System
116	Bronchoscopic treatment of bleeding lesion
117	Bronchoscopic treatment of fistula /stenting
118	Operations for drainage of pleural cavity
119	Therapeutic Pleural Tapping
	Procedures on the breast
120	Procedures on the nipple
121	Excision of Single Breast Lump
122	Fibroadenoma Breast- Excision
123	Breast Abscess I& D
	Gastroenterology Related procedures
124	Incision and Excision of Tissue in the Perianal Region
125	Other Operations on the Anus
126	Perianal Abscess I&d
127	Perianal Hematoma Evacuation
128	Surgical Treatment of Anal Fistulae
129	EUA + Biopsy Multiple Fistulae in Ano
130	Surgical Treatment of Hemorrhoids
131	Division of the Anal Sphincter (sphincterotomy)
132	Ultrasound Guided Aspirations
133	Sclerotherapy for Esophageal varices
134	Therapeutic Ascitic Tapping
135	Piles Banding
136	Dilatation of digestive tract strictures
137	Esophagoscopy
138	EUS + Submucosal Resection
139	EUS + Aspiration Pancreatic Cyst
140	Small Bowel Endoscopy (therapeutic)
141	Colonoscopy, Biopsy of the Lesion
142	Esophageal Stent Placement
143	Sigmoidoscopy with Stent
144	EUS + Coeliac Node Biopsy
145	ERCP and Choledochoscopy
146	ERCP + Placement of Biliary Stents
147	Fissure in Ano Sphincterotomy
148	Revision Colostomy
149	Prolapsed Colostomy- Correction
150	Laparoscopic Pyloromyotomy (Ramstedt)
151	Exploration of Common Bile Duct

152	Gastrostomy
153	Duodenostomy
154	Choledocho-jejunostomy
155	Duodenoscopy with polypectomy
156	Polypectomy Colon
157	Construction of Gastrostomy Tube
158	Endoscopic decompression of colon
159	ERCP and Papillotomy
160	ERCP
161	ERCP and Sphincterotomy
162	ERCP - Pancreatic Duct Stone Removal
163	ERCP - Bile Duct Stone Removal
164	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
165	Percutaneous Endoscopic Gastrostomy
166	Therapeutic Laparoscopy with Laser
167	Pancreatic Pseudocyst EUS & Drainage
168	EUS and Pancreatic Pseudo Cyst Drainage
169	Parastomal Hernia repair
170	RF ablation for Barrett's Oesophagus
171	Ileostomy closure
172	Colostomy closure
173	Esophagoscopy and sclerosant injection
174	Hernia Repair (Herniotomy / herniorrhaphy / hernioplasty)
175	Liver Abscess- Catheter Drainage
176	Tru Cut Liver Biopsy
177	Rigid Esophagoscopy for FB Removal
	Procedures on the Female Genitourinary Tract
178	Incision of the Ovary
179	Repair of Vagina (for Vaginal atresia)
180	Insufflations of the Fallopian Tubes
181	Dilatation of the Cervical Canal
182	Conisation of the Uterine Cervix
183	Incision of the Uterus (hysterotomy)
184	Therapeutic curettage
185	Culdotomy
186	Local Excision and Destruction of Diseased Tissue of the Vagina and the Pouch of Douglas
187	Vaginal Wall Cyst Excision
188	Operations on Bartholin's Glands (cyst)
189	Endoscopic Polypectomy
190	Polypectomy Endometrium
191	Uterine artery embolization

192	Polypectomy Cervix
193	Hysteroscopic Removal of Myoma
194	Hysteroscopic Resection of Endometrial Polyp
195	Laparoscopic Myomectomy
196	Hysteroscopic adhesiolysis
197	Laparoscopic Oophorectomy
198	Rectal-myomectomy
199	Hymenectomy
200	Operation on Bartholin's glands
201	Cryocauterisation of cervix
202	Hysteroscopic resection of Septum
203	Salpingo-oophorectomy via Laparoscopy
204	Laparoscopic Cystectomy (Ovary)
	Procedures on the mouth & face
205	External incision and drainage in the region of the mouth, jaw and face
206	Incision of the Hard and Soft Palate
207	Excision and Destruction of Diseased Hard and Soft Palate
208	Incision, Excision and Destruction in the Mouth
209	Plastic surgery to the floor of the mouth
210	Palatoplasty
211	External Incision and Drainage in the Region of the Jaw
212	External Incision and Drainage in the Region of the Face
	Procedures on the penis
213	Procedures on the foreskin
214	Local Excision and Destruction of Diseased Tissue of the Penis
215	Amputation of the Penis
216	Meatotomy for meatal stenosis
217	Surgery for Fracture Penis
	Procedures on the prostate & seminal vesicles
218	Incision of the Prostate
219	Transurethral Excision and Destruction of Prostate Tissue
220	Transurethral and Percutaneous Destruction of Prostate Tissue
221	Open Surgical Excision and Destruction of Prostate Tissue
222	Operations on seminal vesicles
223	Other Excision and Destruction of Prostate Tissue
224	Incision and Excision of Periprostatic Tissue
	Procedures on the salivary glands & salivary ducts
225	Incision and Lancing of Salivary Gland and Salivary Duct

226	Submandibular Salivary Duct Stone Removal
227	Excision of Diseased Tissue of a Salivary Gland and a Salivary Duct
228	Resection of a Salivary Gland
229	Excision of Ranula under GA
230	Open extraction of calculus from Parotid duct
231	Reconstruction of Salivary Gland and Salivary Duct
	Procedures on the scrotum & tunica vaginalis testis
232	Incision of the Scrotum and Tunica Vaginalis Testis
233	Operation on a Testicular Hydrocele
234	Excision and Destruction of Diseased Scrotal Tissue
235	Jaboulay's procedure
236	Surgery Filarial Scrotum
237	Plastic reconstruction of the scrotum and tunica vaginalis testis
	Procedures on the skin & subcutaneous tissue
238	Excision of a Pilonidal Sinus / Abscess
239	Other Incisions of the Skin and Subcutaneous Tissue
240	Wound Debridement and Cover
241	Surgical Wound Toilet (wound Debridement) and Removal of Diseased Tissue of the Skin and Subcutaneous Tissues
242	Local Excision of Diseased Tissue of the Skin and Subcutaneous Tissue
243	Other Excisions of the Skin and Subcutaneous Tissue
244	Destruction of Diseased Tissue in the Skin and Subcutaneous Tissue
245	Simple Restoration of Surface Continuity of the Skin and Subcutaneous Tissue
246	Free Skin Transplantation, Donor Site
247	Free Skin Transplantation, Recipient Site
248	Revision Of Skin Plasty
249	Other Restoration and Reconstruction of the Skin and Subcutaneous Tissue
250	Chemosurgery to the Skin
251	Excision of Granuloma
252	Infected Keloid Excision
253	Abscess- decompression
254	Incision and Drainage of Abscess
	Procedures on the spermatic cord, epididymis and Ductus Deferens
255	Surgical Treatment of a Varicocele and a Hydrocele of the Spermatic Cord
256	Excision in the Area of the Epididymis
257	Epididymectomy
258	Reconstruction of the spermatic cord
259	Reconstruction of the ductus deferens and epididymis
	Procedures on the testes

260	Incision of the Testes
261	Excision and Destruction of Diseased Tissue of the Testes
262	High Orchidectomy for Testis Tumours
263	Unilateral Orchidectomy
264	Bilateral Orchidectomy
265	Orchidopexy
266	Abdominal Exploration in Cryptorchidism
267	Surgical Repositioning of an Abdominal Testis
268	Reconstruction of the Testis
269	Implantation, Exchange and Removal of a Testicular Prosthesis
270	Testicular Biopsy
	Procedures on the tongue
271	Incision, Excision and Destruction of Diseased Tissue of the Tongue
272	Partial Glossectomy
273	Glossectomy
274	Reconstruction of the Tongue
	Procedures on the urinary system
275	Cystoscopical Removal of Stones
276	Ureteroscopy with laser lithotripsy
277	Lithotripsy for Renal Calculus removal
278	URSL with Stenting
279	URSL with Lithotripsy
280	ESWL
281	Haemodialysis
282	Percutaneous Nephrostomy
283	PCNL (Percutaneous Nephro Lithotomy)
284	Tran urethral resection of bladder tumor
285	Cystoscopy & Biopsy
286	Cystoscopy & Polyp removal
287	Suprapubic cystostomy
288	Kidney Renoscopy and Biopsy
289	Ureter Endoscopy and Biopsy
290	AV Fistula - Wrist
291	Nephrolithotomy for Renal Calculus
	Trauma surgery and Orthopaedics
292	Incision on Bone, Septic and Aseptic
293	Epiphyseolysis with Osteosynthesis
294	Suture and Other Operations on Tendons and Tendon Sheath
295	Tendon Shortening
296	Repair of Knee Cap Tendon

297	Repair / Graft of Foot Tendon
298	Repair/graft Achilles Tendon
299	Removal of Elbow bursa
300	Removal of Knee cap bursa
301	Tendon Lengthening
302	Lengthening of Hand Tendon
303	Tendon Transfer Procedure
304	Repair of Ruptured Tendon
305	Lengthening of Thigh Tendons
306	Reduction of Dislocation Under GA
307	Treatment of Shoulder Dislocation
308	Aspiration of hematoma
309	Excision of dupuytren's contracture
310	Carpal Tunnel Release
311	Haemarthrosis Knee- Lavage
312	Removal of Fracture Pins/nails
313	Tumorembolisation
314	Implant Removal- Minor
315	Removal of Metal Wire
316	K Wire Removal
317	Joint Aspiration - Diagnostic / therapeutic
318	Abscess Knee Joint Drainage
319	Arthroscopic Knee Aspiration
320	Arthroscopic Repair of ACL Tear Knee
321	Arthroscopic Repair of PCL Tear Knee
322	Surgery for Ligament Tear
323	Surgery for Meniscus Tear
324	Surgery for Hemoarthrosis/pyoarthrosis
325	Closed Reduction on Fracture, Luxation or Epiphyseolysis with Osteosynthesis
326	Closed Reduction on Fracture, Luxation
327	Closed Reduction of Minor Fractures
328	Closed Reduction of Minor Dislocation
329	Closed Reduction and External Fixation
330	Closed reduction of Fracture of Foot
331	Closed reduction of Fracture of Hand
332	Closed reduction of Fracture of Wrist
333	Closed reduction of Fracture of Ankle
334	Closed reduction of Fracture of Clavicle
335	Closed reduction of minor fractures
336	Closed reduction of minor dislocation
337	Closed reduction of sesamoid bone fracture
338	Treatment of Clavicle dislocation
339	Excision of various lesions in Coccyx

340	Treatment of Sesamoid bone fracture
341	Carpal Tunnel Release
342	Removal of Knee cap
343	Incision of foot fascia
344	Elbow arthroscopy
345	Partial removal of Rib
	Pediatric Surgery Related
346	Excision Juvenile Polyps Rectum
347	Vaginoplasty
348	Dilatation of Accidental Caustic Stricture (Oesophageal)
349	Presacral Teratoma Excision
350	Removal of Vesical Stone
351	Excision- Sigmoid Polyp
352	Sternomastoid Tenotomy
353	Excision of Soft Tissue Rhabdomyosarcoma
354	Excision of Cervical Teratoma
	Plastic Surgery Related
355	Gluteal Pressure Ulcer-excision
356	Muscle-skin Graft, Leg
357	Removal Cartilage Graft
358	Myocutaneous Flap
359	Sling Operation for Facial Palsy
360	Plastic Surgery of the Floor of the Mouth Under GA
	Thoracic Surgery Related
361	Laser Ablation of Barrett's Oesophagus
362	Pleurodesis
363	EBUS + Biopsy
	Neurology Related
364	Diagnostic Cerebral Angiography
365	VP Shunt
366	Ventriculoatrial Shunt
	General Surgery Related
367	Ultrasound Guided Aspirations
368	Cervical Lymphadenectomy
369	Infected Sebaceous Cyst- Excision
370	Inguinal Lymphadenectomy
371	Suturing of Lacerations

372	Scalp Suturing
373	Infected Lipoma Excision
374	Zadek's Nail Bed Excision
375	Tips Procedure for Portal Hypertension
376	Laparoscopic Reduction of Intussusception
377	Sentinel Node Biopsy
378	Prolapsed Colostomy- Correction
379	Suturing- Lacerated Lip
380	Suturing- Oral Mucosa