



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

HEALTH PROTECTOR PLUS

IFFHLIP21328V022021

PROSPECTUS

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

How does the Health Protector Plus benefits you

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

SALIENT FEATURES:

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

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

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

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

- **Family Floater or Individual Sum Insured**
- **Lifelong renewal (if renewed without break)**
- ✓ **High coverage at low premium**
- ✓ **This policy can be purchased without any other basic health policy**
- ✓ **Waiver of Deductible in case of change/Loss of job:** On payment of a small additional premium you have the facility to enjoy the full sum insured without the deductible in case of loss of or change in employment, for a period of 30/60/90 days.
- ✓ **Option to buy standard health policy with continuity of benefits:** We will provide you with a facility to buy our standard Health policy without deductible with continuity of coverage in terms of waiver of waiting periods to the extent of deductible opted under this Policy provided the Top Up/Super Top up health product has been purchased for the first time before 50 years of age and continuously renewed without break for a period of at least 4 years.
- ✓ **Income Tax benefits** under Section 80D.
- ✓ **Cashless claim facility** available at over 7000 network hospitals across India.
- ✓ **Directly serviced by IFFCO TOKIO** without any Third party administrator
- ✓ **EMERGENCY ASSISTANCE SERVICES** at no additional cost. We provide you with special assistance when You are traveling within India 150 kilometers or more away from your home.



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- ✓ **Portability:** You can switch from any other similar policy of any other insurer to our Top up/Super Top Up policy and protect your continuity benefit as per IRDA Guidelines.

WHO ARE ELIGIBLE TO TAKE THIS POLICY?

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

WHO ALL CAN BE COVERED UNDER THIS POLICY?

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

WHAT IS COVERED UNDER THE POLICY:

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

1. Room Rent (including Boarding and Nursing expense etc.
2. Medical Practitioner/ Anesthetist, Consultant fees.
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.
4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.
5. Ayurveda and/or Homeopathy and/or Unani hospitalization expenses incurred in Government recognized hospitals. Coverage also includes pre-hospitalization and post hospitalization expenses.
6. Ambulance Charges as per actual or Rs.3000/- (Three Thousand) per claim; whichever is less.
7. An additional Daily Allowance amount equivalent to 0.10% of the Sum Insured for the duration of Hospitalization towards defraying of miscellaneous expenses.
8. The above stated relevant expenses incurred for Domiciliary Hospitalisation if Medically Necessary and at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% (Twenty percent) of the Sum Insured.

Note:

- (a) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the limit of overall Sum Insured of the Insured Person or floater Sum Insured of family. For the Donor, no payment will be made towards Pre and Post Hospitalization expenses.
- (b) Pre-Hospitalization and Post Hospitalization expenses for 60(Sixty) and 90(Ninety) days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified.

WHAT ARE THE EXCLUSIONS & WAITING PERIOD ON THE POLICY:

1. Any payment unless the admissible Medical Expenses exceeding the Deductible.



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2. a) Any condition(s) defined as Pre-existing Disease in the Policy, until 36 (Thirst six) months of continuous coverage have elapsed, since inception of the first Policy with us for the first time, without any break in the insurance coverage.

b) Any conditions which are directly attributable to or arising out of or aggravated by such pre-existing conditions including diabetes and hypertension until 36 (Thirst six) months as in (a) above

This exclusion will also apply to any complications arising from Pre- existing Disease/ Injury. Such complications will be considered as a part of the Pre-existing Disease.

3. Any expense on Hospitalization for any Disease during first 30 (Thirty) days of commencement of this Insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian non life Insurance Companies for a continuous period of preceding 12(Twelve) months without interruption exceeding 30(Thirty) days.

4. Any expense incurred during the first 2(two) continuous years of operation of the insurance cover on treatment of the following Diseases :

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

However, if these disease(s) is/are under Pre-existing Disease at the time of the first Proposal, then these will be falling under exclusion 2 (Two) and will be covered after 36 (Thirty six) months of continuous insurance.

5. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not), performing duties as a serving member of a military or a police force.

6. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury, vaccination (other than post bite), inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.

7. Cost of spectacles, contact lens, hearing aids.

8. Dental Treatment or surgery of any kind, unless due to Accident requiring Hospitalization.



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9. Treatment of mental illness, stress, psychiatric or psychological disorders, convalescence, general debility, run down condition or rest cure, Congenital Anomaly, sterility, venereal disease, intentional self injury and treatment arising from use of intoxicating drugs/alcohols and treatment resulting from any criminal act.
10. Any expense on treatment related to HIV, Acquired Immune Deficiency Syndrome (AIDS), and all related medical conditions.
11. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalization claim.
12. Any Hospitalization for evaluation purpose
13. Maternity Expenses (other than ectopic pregnancy), including expenses for miscarriage and its complications and any infertility, sub fertility or assisted conception treatment expenses.
14. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
15. Any Medical Expense on OPD Treatment
16. Any expense on naturopathy, Experimental/Unproven Treatment, and treatment including acupressure, acupuncture, magnetic and such other therapies etc.
17. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, flying other than as a passenger on a scheduled regular carrier, snow and ice sports and other adventure activities of similar hazard.
18. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, Nebulizing machine, ventilator, etc.
19. Genetic disorders and stem cell implantation/ surgery.
20. All non medical expenses including personal comfort and convenience items or services, such as telephone, television, aya/ barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc.
21. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
22. Pre-natal and post-natal expenses
23. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization
24. 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
25. Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital
26. Any expense under Domiciliary Hospitalization for
 - Pre and Post Hospitalization treatment
 - Treatment of following diseases:
 - i. Asthma
 - ii. Bronchitis



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- iii. Chronic Nephritis and Nephritic Syndrome
- iv. Diarrhoea and all type of Dysenteries including Gastro-enteritis
- v. Diabetes Mellitus
- vi. Epilepsy
- vii. Hypertension
- viii. Influenza, Cough and Cold
- ix. All types of Psychiatric or Psychosomatic Disorders
- x. Pyrexia of unknown origin for less than 15(Fifteen) days
- xi. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
- xii. Arthritis, Gout and Rheumatism
- xiii. Dental Treatment or Surgery
- xiv. Critical Illness

27. Non Medical expenses that are not covered as per Annexure

28. Excluded Hospitals:

The policy does not pay for cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. Any such change to the excluded hospital list will be notified at least 15 days in advance. We suggest you to please check our website www.iffcotokio.co.in. or contact our call centre / nearest office for updated list of such excluded hospitals before admission.

29. Correction of vision (Lasik or other similar surgery) / Keratoconus etc and all types Laser treatments / surgeries for EYE which can be performed on O.P.D. basis.

30. Therapies Like Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy and similar, Hyperberic Oxygen Therapy and similar.

31. Intravitreal Injections / Interferon injections / Infiximab and like injections / Intra-articular injections

32. Oral Chemotherapy and Intravenous Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting. For example : Intravenous Cyclophosphamide, Intravenous Methotraxamate , etc.

OPTIONAL COVER:-

WAIVER OF DEDUCTIBLE:

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

- a. The cover is applicable only for insured persons who are in service and are below 55 (Fifty Five) years of age and their dependents. The cover is not available for Self Employed.
- b. The cover shall be subject to a maximum period of Waiver of Deductible (WOD) period mentioned in the schedule.
- c. In case of multiple job changes during the same policy period, aggregate number of days of coverage during all such breaks shall be subject to maximum of WOD period mentioned in the schedule.
- d. Letter of intent for utilization of WOD period should be given at least 15 (Fifteen) days before the date of relieving from the existing job.



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- a. Advance Notice of 15 days for Letter of intent to cover may be waived on merits by the underwriting authority on case to case base, provided the notice is given on or before the date of relieving.
- b. In case notice is given after date of relieving within a reasonable time, WOD may be granted from the date of notice, subject to confirmation of loss of job and of date of relieving, at the discretion of underwriter on case to case basis.
- e. The waiver shall be effective from the next day of date of relieving from the existing job.
- f. The cover will cease on the occurrence of any of the following events, whichever shall occur first:
 - a. expiry of Waiver of Deductible period
 - b. Request for termination of cover for WOD by the insured. Request for termination of WOD cover should be given by the insured as soon as the cover under the Employee Health Benefit with the new employer or a new Health Insurance policy commences. In case of failure to give such notice to the company, the entire WOD period shall be deemed to have exhausted and no further waiver be allowed during the policy period.
- g. WOD cover for dependents will simultaneously cease along with the cover of proposer.

How Waiver of Deductible option works: - If you buy a policy of 5 Lacs Sum Insured with a deductible of Rs. 2 Lacs and opt for waiver of deductible for a 30 days period and in case you change your employment you need to give intimation along with supporting documents to us as above. In such case, you will be covered to the full extent of Rs. 7 Lacs (Rs. 5 Lacs + Rs. 2 Lacs) during the 30 days period (from the date of relieving or date of notice whichever is later) or till you place your request for termination of WOD cover, whichever shall occur earlier.

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

MEDICAL CHECK UP:

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

BASIS OF PAYMENT

I. TOP-UP COVER:

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



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II. SUPER TOP-UP COVER:

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

OPTION TO BUY STANDARD HEALTH POLICY WITH CONTINUITY OF BENEFITS

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

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

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

EMERGENCY ASSISTANCE SERVICES

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



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

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

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

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

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

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

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

Specific exclusions:

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

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



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

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

FREE LOOK PERIOD

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

You/the insured shall be allowed a period of 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 has not made any claim during the Free Look Period, the insured shall be entitled to

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

MIGRATION

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the Policy atleast 30 days before the policy renewal date. 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 Exclusion and waiting period, Point No-2, 3 and 4 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

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 45 days before, but not earlier than 60 days. 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- Exclusion and waiting period, Point No-2, 3 and 4 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



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RENEWAL

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. The Company shall send renewal notices to the Policyholder, 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 the Company before the end of the policy period
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. 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.

MULTIPLE POLICIES:

- a) Indemnity Policies: A policyholder can file for claim settlement as per his/her choice under any policy. The Insurer of that chosen policy shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder.
- b) Benefit based Policies: On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

PAYMENT OF PREMIUM

The premium payable shall be paid in advance before commencement of risk. No installment facility is available. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by our authorized official.

INCREASE IN SUM INSURED OR REDUCTION IN DEDUCTIBLE

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

CANCELLATION

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall:

- a) 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.
- b) 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.

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



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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.

GRACE PERIOD

- a) The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half yearly/annual instalments) is available on the premium due date, to pay the premium.
- b) If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.

AUTOMATIC TERMINATION

Your insurance under this Policy in respect of each relevant person shall terminate immediately on the earlier of the following events :

- Upon the death of the Insured person.
- Upon exhaustion of the Policy Sum Insured.

In case of individual Sum Insured Policy, where no claim has been made, and automatic termination takes place on account of death of the insured person, pro-rate refund of premium of the deceased Insured Person for the balance period of the Policy will be effected. In case of floater policy no refund shall be made on account of death of any one or more insured person/s, unless the entire policy is cancelled

ALTERATION OF POLICY CONDITIONS

The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.

WITHDRAWAL OF POLICY

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.

ARBITRATION

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30(Thirty) days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.



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It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the company has disputed or not accepted liability under or in respect of this policy.

POLICY DISPUTES

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court within Indian Territory.

DISCLAIMER CLAUSE

If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

PROTECTION OF POLICY HOLDER'S INTEREST

In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 30(thirty) days of Your acceptance of Our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.

Get in touch with us

In case of any query, the You 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

Redressal of Grievance

In case of any grievance, Youmay contact Us through:

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

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

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

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



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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>

For Updated List of Ombudsman Address, Please visit:

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

Provision for Senior Citizens

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

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

DISCOUNTS

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

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

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

LOADINGS

1. Loading for Pre-disposing Factors (PDF)

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

A. In case of Positive Diabetes

HBA1C Level	Loading on Base Premium for each member
Above 6 and Less than 7	10%



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7 to 8	15%
More than 8	Decline proposal. In exceptional cases, proposal may be accepted with approval from Competent authority with a 25% loading

B. Hypertension 10% loading

C. Obesity:

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

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

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

Note:-

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



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RATE CHART

Health Protector Plus

1) Top-up

a. Individual basis for 1 Member:

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

b. Floater basis for 2 Members:

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

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

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

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



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2) Super Top-up

a. Individual basis for 1 Member:

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

b. Floater basis for 2 members:

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

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

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

3 rd Member	4 th or more
1500	750



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

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

Additional Premium for Waiver of Deductible (WOD) – Floater

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

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

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