



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Health Protector

UIN: IFFHLIP24012V052324

SALES LITERATURE

Scope of Cover

The Policy offers a health protection cover for you and your family for any illness, disease or injury related contingencies like hospitalization, medical expenses, surgical expenses, organ transplantation etc. The policy covers the members of the family consisting of you, your spouse, dependent children, brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together with you and dependent parents on individual Sum Insured basis.

Normal Policy Term is 1 Year. However, there is a provision of issuing policy on short term basis also.

Claim is directly serviced by IFFCO TOKIO without any Third party administrator.

We also offer an option to migrate to any suitable health policy with the continuity of the coverage in terms of waiting period.

Basic Cover

- a) Room Rent Expenses as provided in the Hospital/Nursing Home including Hospital Registration/ Service charges.
- b) Nursing expenses during Hospitalization periods on advice of Medical Practitioner for duration specified.
- c) Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialist fees (including consultation through telemedicine).
- d) Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.
- e) AYUSH Hospitalization Expenses
- f) Reasonable and customary charges incurred for Domiciliary Hospitalization if Medically Necessary upto a maximum aggregate sub-limit of 20%(twenty percent) of the Sum Insured.

Higher Sum Insured for Critical Illness

Higher sum insured for critical illness to cover expenses (as listed in Basic Cover) related to following Critical Illnesses:

1. Cancer of Specified Severity
2. First Heart Attack - Of Specified Severity
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure Requiring Regular Dialysis
7. Stroke Resulting in Permanent Symptoms
8. Major Organ /Bone Marrow Transplant
9. Permanent Paralysis of Limbs
10. Motor Neurone Disease with Permanent Symptoms
11. Multiple Sclerosis with Persisting Symptoms

As per this extension, the Basic Cover Sum Insured will be doubled for the aforesaid Critical Illness claims, for which an additional 30%(thirty percent) of the Basic Cover premium is chargeable.

LIMITS OF LIABILITY:

S No.	Nature of Expense	Limits
1.	Hospitalization Stay	
(a)	Room, Boarding & Nursing (Normal room)	<p>In respect of sum insured less than Rs.5(five) lakhs, room rent expenses subject to following limits:</p> <p>1. In respect of class A cities, a limit of 1.75% (one and three fourth of a percent) of the sum insured on per day basis or actual whichever is less.</p> <p>2. In respect of cities other than class "A" cities, a limit of 1.50%(one and half of a percent) of the sum insured on per day basis or actual, whichever is less.</p> <p>Note: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmadabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.</p>
(b)	Room, Boarding & Nursing (ICU/ITU)	<p>In respect of sum insured less than Rs.5(five) lakhs, room rent expenses subject to following limits:</p> <p>1) In respect of class A cities a limit of 3%(three percent) of the sum insured on per day basis or actual whichever is less.</p> <p>2) In respect of other than class "A" cities a limit of 2.5%(two and half percent) of the sum insured on per day basis or actual whichever is less.</p> <p>Note: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmadabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.</p>
(c)	Service Charges and Surcharge	Actual amount subject to maximum of 0.5%(half percent)of Sum Insured.
2	Fees of Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline)	Actual amount up to Sum Insured
3	Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines	Actual amount up to Sum Insured

	and Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of organ and similar expenses.	
4.	Treatment of person donating an organ	The room rent payable in respect of Donor will be 50% of Room Rent limit of you or your family members covered individually in a single policy (patient) for whom the claim is lodged.
5.	Reasonable and Customary Charges incurred for Domiciliary Hospitalization if Medically Necessary	Upto a maximum aggregate sub-limit of 20% (twenty percent) of the Sum Insured
6.	AYUSH Hospitalization Expenses	Actual amount up to Sum Insured
7.	Terrorism Covered	Actual amount up to Sum Insured

Unique Feature

- a) In respect of basic sum insured of Rs. 5(five)lakhs and above (excluding the sum insured of critical illness), the reimbursement of treatment expenses will be payable according to actual expenses without any capping limits.
- b) In respect of basic sum insured below Rs. 5 (five) lakhs (excluding the sum insured of critical illness), the capping on Room rent expenses may be removed on additional payment of 6% on the basic premium.

Additional Benefit

We will pay for the additional benefits as mentioned below in accordance with the main-coverage:

1. **Daily allowance:** An additional daily allowance amount equivalent to 0.20% (one fifth of a percent) of the sum insured per day for the duration of hospitalization.
2. **Ambulance charges:** Ambulance charges 1%(one percent) of the sum insured or Rs. 2500(two thousand & five hundred), whichever is less for each hospitalization.
3. **Pre and post hospitalization expense:** Nursing and Medical Expenses during pre & post hospitalization period on the advice of Medical Practitioners for duration specified subject to the maximum of 60 days for pre hospitalization and 90 days for post hospitalization expenses.

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 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. Cumulative bonus:

- a) The Cumulative Bonus shall be accrued at 25% (twenty-five percent) of the basic sum insured for the first claim-free renewal and by 10% (ten percent) at each subsequent renewal in respect of each claim free year of insurance for you or your family members covered individually in a single policy, subject to a maximum of 100% (one hundred percent) 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 accrued
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 1:

If You or your family member covered individually under a single policy 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 accrued	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 lac	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 eligibility, the policy has to be renewed within the expiry date or within a maximum of 30 (thirty) 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 you or your family members covered individually in a single policy, the existing cumulative bonus will be reduced at the rate it had accrued, subject to the stipulation that basic sum insured shall be maintained.

Notes:

- i. If for you or your family members covered individually in a single policy, there is an accrued CB under the expiring policy, and such expiring policy has been migrated to a family floater policy, then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among you or your family members.
 - ii. 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 sum insured of the policy.
 - iii. 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.
- d) For cases of portability and migration:
The Cumulative Bonus shall be allowed at the same percentage as mentioned in grid A of point 5 a), however, the percentage of cumulative bonus shall depend on the year of portability/migration to this policy.

Illustration 2:

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 100% of base Sum insured)	Claim free

6. **Day care treatment:** Day care medical treatments listed in Annexure – “List of Day Care Procedures” of the policy document will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.
(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)
7. **Hospitalization expenses if period of hospitalization is less than 24(twenty-four) hours:** We will pay hospitalization expenses if the duration of hospitalization is more than 12(twelve) hours but less than 24(twenty-four) hours except the day care surgeries, the room rent shall be limited to 50% (fifty percent) of the entitled room rent per day.
8. **Cost of health check-up:** You or your family member covered individually under a single policy, shall be entitled to undergo a periodic medical checkup upon renewal of the policy. This benefit is dependent on the sum insured of the policy. The following table may be referred for this benefit:

Sum Insured	Periodicity	Package
Upto 2 lacs	After every 2 claim free years	Package A
Above 2 lacs upto 5 lacs	After every 2 claim free years	Package B
Above 5 lacs upto 10 lacs	After each claim free year	Package C
Above 10 lacs	After each year, irrespective of claim	Package D

Refer Annexure A for details of the Health Checkup 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 Sum Insured or impact the accrued Cumulative Bonus.
- The check-up/tests have to be undertaken within a year of the expiry of the policy, provided the policy has been renewed and active at the time of availing this benefit.
- Any unutilized checkup/test cannot be carried forward beyond one year of expiry of the policy.
- 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 or members of your family covered individually in a single policy.

Disclaimer: IFFCO-Tokio General Insurance Co Ltd. shall not assume any liability for any errors or omissions or consequence of any actions related to the health check-up.

9. **Vaccination expenses:** You or your family member covered individually under a single policy shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy period of 365 (three hundred & sixty-five) days with us or 366 days in case of leap year, each subject to a maximum of 10% (ten percent) of the total premium paid (excluding taxes, provided no claim are made and the policies were renewed without break).
10. **Emergency assistance services:** This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services. The services are provided when You or your family member covered individually under a single policy 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 You or your family member covered individually under a single policy 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 or your family member covered individually under a single policy.**

IFFCO TOKIO General Insurance is the first Insurer to bring to you these services and that too without any sub limits:

- a) Medical Consultation, Evaluation and Referral
- b) Emergency Medical Evacuation
- c) Medical Repatriation
- d) Transportation to Join Patient
- e) Care and/or Transportation of Minor Children
- f) Emergency Message Transmission
- g) Return of Mortal Remains
- h) Emergency Cash Coordination.

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).
11. **Wellness Services:** - 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 you or members of your family covered individually in a single policy as described below:

(A) Value Added Services

(a) Cashless Telemedicine Consultation:

- I. **General Physicians and Specialists:** You or your family member covered individually under a single policy 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 you or members of your family covered individually in a single policy
 - 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:** You or members of your family covered individually in a single policy 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** - You or your family member covered individually under a single policy can book via our Mobile Application a range of laboratory tests to be performed at diagnostic center and/or at home.
 - ii. **E-pharmacy** - You or your family member covered individually under a single policy 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:** You or your family member covered individually under a single policy can avail services of our empaneled nutritional counsellor to achieve health goals and obtain guidance for achieving these goals.
 - iv. **Dental Care-** You or your family member covered individually under a single policy can avail services of our empaneled Dentists
 - v. **Home care-** You or your family member covered individually under a single policy can avail services of our empaneled Home care providers such as Nurses & physiotherapists.

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

II. Reward Programme :-

This Wellness program aims to motivate, incentivize and reward the healthy habits and efforts of you or members of your family covered individually in a single policy, to improve their health and lifestyle. The activities mentioned below will be tracked by us, wherein they 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
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

REDEMPTION OF REWARD POINTS

You or your family member covered individually under a single policy 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

Details as below:

1. Discount in Renewal Premium:

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

2. Redeemable Vouchers

- 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 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

- i. Any information provided by you in this regard shall be kept confidential.
- ii. 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 your discretion. The costs are to be borne by you or members of your family covered individually in a single policy.
- iii. There will not be any cash redemption against the Wellness reward points.
- iv. 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.
- v. You or your family member covered individually under a single policy 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.
- vi. For services that are provided through empaneled service provider, IFFCO-Tokio GIC is only acting as a facilitator.

Additional Advantages

1. Income Tax benefits under Section 80D only if paid by cheque.
2. Hassle free claims procedure.
3. Cashless claim facility available at over 7000 network hospitals across India.

Sum Insured

1. The policy shall be available with the minimum Sum Insured of Rs. 50,000 (fifty thousand) with subsequent options available in multiple of Rs. 50,000 (fifty thousand) Upto Rs.5 (five) lakhs and then in multiples of Rs.1 (one) lakhs Upto maximum of Rs.20 (twenty) lakhs.
2. In case of increase in basic Sum Insured more than 10% (ten percent) of last year basic Sum Insured at the time of renewal, subject to certain medical check-up required.

Payment of premium

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

Extension of policy period

In case you or members of your family covered individually in a single policy who is/are covered under 'Health Protector Policy' has/have to go abroad for a minimum of 30(thirty) days and accordingly he/she/they buy a Travel insurance policy from IFFCO-Tokio General Insurance Co. Ltd. for those 30(thirty) 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 the Health Protector policy in respect of You or your family member covered individually under a single policy will be extended by 30 (thirty) 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(thirty) days period abroad.

Reinstatement of Sum Insured

After the occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of claim so that the full basic sum insured is available for the policy period subject to the following:

- a) Reinstatement of Basic Sum Insured will be to the extent of claim amount paid.

- b) Reinstatement premium shall not be charged for the first claim paid/approved during the policy year. In case there are any further claims admissible under the policy, appropriate premium for the reinstatement will be charged.
- c) All Reinstatements will be effected for the period from the first date of hospitalization for which the treatment is being taken, up to the expiry date of the policy.
- d) This reinstated basic sum insured will not be available for the hospitalization treatment expenses of the illness/disease/ injury for which the insured person(s) was/were hospitalised. It will be available for treatment including that for the same illness (other than chronic disease listed under point g) or any other disease, illness which are not cases of relapse within 45(forty-five) days of first hospitalization for which Insured person(s) was/were hospitalised.

Further even in the first hospitalization period, if the insured person(s) sustain(s) any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the Reinstated Basic Sum Insured will be available for payment of claim for subsequent disease/injury/illness which insured person(s) has/have sustained whilst being in the hospital for the other disease/injury.

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 reinstated 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)

- e) Though the basic sum insured will be reinstated as soon as hospitalization of the insured person(s) takes place, the reinstatement premium shall be charged at the time of the claim settlement. (Premium charged after the first free reinstatement)
- f) Reinstatement will be applicable on all policies with a basic sum insured of Rs.1.50 lakhs (one lakh and fifty thousand) and above.
- g) From the second claim onwards, Re-instatement Premium will be computed on pro-rata basis on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation: -

$$\text{Reinstatement Premium} = \left[\frac{\text{(Annual Premium x Claim Amount)}}{\text{Total Basic Sum Insured}} \right] \times \left[\frac{\text{Remaining number of days of the policy (calculated from the date of admission in the hospital)}}{365} \right]$$

- 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

- The reinstatement of basic sum insured will not be available for Critical illness extension and cumulative bonus.
- The reinstatement of basic sum insured will not be available for Domiciliary Hospitalization.
- The unutilized reinstated sum insured cannot be carried forward to the next renewal.

Co-Payment: On availing this option, 10%, 20% or 25% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim. Once the Co-Payment option is availed by you, it cannot be opted out during the policy period.

Important Exclusions

We will not pay for –

1. Pre-Existing Diseases (Code- Excl01)

- a) 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.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) 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)

- i. 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.
- ii. This exclusion shall not, however, apply if You or your family member covered individually under a single policy has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced 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 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 sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- 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 You or your family member covered individually under a single policy 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) Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
 - (ii) Hernia, Hydrocele, Congenital Internal Disease.
 - (iii) Fistula in Anus, Piles, Sinusitis
 - (iv) Cholelithiasis and Cholecystectomy
4. 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 (thirty-six) months of continuous coverages with Us.
5. Cost of spectacles and contact lens or hearing aids.
- 6. Investigation & Evaluation(Code- Excl04)**
- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
7. 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.
8. Dental treatment or surgery of any kind, unless requiring hospitalization.
9. 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**
- 10. Maternity Expenses (Code - Excl 18):**
- 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
- 11. 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

12. 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.

13. Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies.

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

- a) 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.

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

16. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon You or your family member covered individually under a single policy committing or attempting to commit a breach of law with criminal intent

17. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury.

18. Pre-natal and post-natal expenses.

19. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.

20. 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.

21. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy.

22. Intra-articular injections.

23. Travel or transportation expenses, other than ambulance service charges.

24. 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

25. 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.

26. 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.

27. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including maid, barber, cosmetics and napkins.

28. 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

29. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

30. 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.

31. 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**

32. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.

33. 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:
- a) 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.
34. 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
35. Any expense under Domiciliary Hospitalization for
- a) Treatment of following diseases:
 - (i) Asthma
 - (ii) Bronchitis
 - (iii) Chronic Nephritis and Nephritic Syndrome
 - (iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis
 - (v) Diabetes
 - (vi) Epilepsy
 - (vii) Hypertension
 - (viii) Influenza, Cough and Cold
 - (ix) Pyrexia of unknown origin for less than 15(fifteen) 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
36. 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 and as covered in the Additional Benefit, inoculation
37. **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. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner
38. **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 the policyholders 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 to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

39. Refractive Error: Code- Excl15:

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

40. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis

Age Limits

The Insurance is available to persons from the age of 91st (ninety first) day onward. The maximum entry age is 65 (sixty-five) years. There is no age limit for renewal of the policy. The minimum age for the proposer is 18 (eighteen) years. Dependents including children can be covered provided one or more adults are covered concurrently. There is no upper age limit for coverage of dependents.

a) For an individual in age group of completed 45 (forty-five) years to 55 (fifty-five) years following Medical check-up is required:

1. Blood Sugar (PP & Fasting)
2. ECG with Doctors report
3. Urine Test and Physical fitness certificate

b) For an individual in age group of 55 (fifty-five) years to 65 (sixty-five) years following Medical check-up is required:

1. Lipid profile
2. Kidney Function Test
3. Reports as per tests defined under (a)

The above tests will also be mandatory in following cases:

- a) Fresh proposals, as per a) and b) mentioned above in respect of persons between 45 to 55 years and above 55 years, respectively.
- b) If the basic sum insured is being sought to be enhanced by more than 10% (ten percent) at the time of renewal.
- c) When there is break in insurance for more than 30(thirty) days.
- d) If there is a claim in the expiring policy because of any Critical Illness

In event of acceptance of proposal, 50% (fifty percent) cost of medical check-up will be reimbursed to you. The validity of aforesaid tests would be 15 days.

Medical test and age limit criteria may vary as per company guidelines applicable at the time of risk acceptance.

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.

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- Exclusions ,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

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-Exclusions, 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

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.

Free Lookup 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.

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.

Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, We will intimate You or your family member covered individually under a single policy 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.

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. You shall be notified three months before the changes are affected.

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, You may 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

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

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. However, this condition is not applicable in case of Indemnity of Critical Illness treatments.

Procedure for enhancement of Sum Insured

Sum Insured can be enhanced in case of renewal only. Mid-term enhancement of Sum Insured is not allowed.

- a) Intimation for enhancement of sum insured should be before the renewal of the policy.
- b) If there is a break in insurance for more than 30 days, request for enhancement of sum insured will be treated as a fresh proposal.

- c) If insured is more than 45 years of age, fresh medical check-up would be required in case of enhancement of Sum Insured beyond 10% on renewal. If the age is less than 45 years, an increase in Sum Insured up to next two levels as per rate chart shall be permitted without medical test, after which a medical test would be mandatory.

Premium

Basic cover

Depending upon the age of You or your family member covered individually under a single policy and sum insured for that person.

Loadings & Discounts

1) **Family Discount:** A Family Discount on total premium is permissible as per the following scale depending upon the total number of you or your family members covered individually in a single policy, covered under the policy at inception of the cover. Increase/decrease in size of the family during the currency of the policy is permissible; however, there will not be any adjustment of discounts during the currency of policy.

- 2(two) Family Members --5%(five percent) discount on total premium (Main Cover Plus Higher Sum Insured for Critical Illness)
- 3(three)and more Family Members --10%(ten percent) discount on total premium (Main Cover Plus Higher Sum Insured for Critical Illness)

The above slabs for Family Discount on number of persons covered will be followed. However, depending on specific requirement and merit of the case, it can be altered by CEO of IFFCO-TOKIO.

- 2) **Discount for employees covered under a Group Medclaim Policy:** 10% discount for employees covered under the Group Medclaim Policy of IFFCO-Tokio, on opting for SI of 4 Lacs and above .
- 3) 10% (ten percent) discount in policy premium for all customers holding any other insurance policy of IFFCO TOKIO.
- 4) 20% (twenty percent) discount for all employees of IFFCO TOKIO.
- 5) Direct/ Online discount: 10% (Ten percent) discount in policy premium is permitted for all customers who buy policy directly through IFFCO-TOKIO office or website(online).
- 6) 5% discount for woman proposers
- 7) 10% discount for persons having completed Covid Vaccination- Both Doses

Note: All the above mentioned discounts are on cumulative basis and cannot exceed a total of 25% (twenty-five) percent.

However, the discount in lieu of reward points will be over and above the 25% limit.

Discount for Co-payment

On availing the option of co-pay, you or members of your family covered individually in a single policy can obtain the discount on premium as follows:

Co-payment Percentage	Discount
10%	10%
20%	20%
25%	25%

Documents required for settlement of claims:

- Claim Form

- Discharge Summary
- Bills and Receipt of Hospital/Nursing Home
- Attending Doctor's Report and Bills as well as cash memos of medicines and pathological tests duly supported by proper prescription.

This brochure provides only the salient features and for details kindly refers to the complete Policy wordings. For enquires kindly contact our nearest office or Dial Toll Free No. 1800-103-5499 or visit our website www.iffcotokio.co.in

Annexure A: Health check-up packages

Remarks	Test Name	Package A	Package B	Package C	Package D
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	Package A	Package B	Package C	Package D
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	X	X	✓
	T4	X	X	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	X	✓	✓	✓
Vitamin	Vitamin D 25 Hydroxy	X	✓	✓	✓

Anaemia Profile	Iron, Serum	X	X	✓	✓
	TIBC	X	X	✓	✓
	UIBC, Serum	X	X	✓	✓
	Transferrin Saturation	X	X	✓	✓
	Serum Ferritin	X	X	X	✓
Inflammation Marker	HsCRP High Sensitivity CRP	X	X	X	✓
Pancreas Panel	Amylase Enzymatic, Serum	X	X	X	✓
Cancer Screening	Prostate Specific Antigen (PSA) Total/CA125	X	X	X	✓
ECG		X	X	✓	✓

Annexure B: Premium Sheets

Rate Sheet of Health Protector portfolio without Critical Illness

Age (yrs.)/SI	3months to 25	26 to 35	36 to 45	46 to 55	56 to 65	66 to 70	71 to 75	76 to 80	81 to 85	86 to 90	91 to 95	96 to 100	101 and above
50,000	1,951	2,603	3,240	4,916	6,575	10,402	13,189	17,251	20,821	25,173	27,690	30,459	31,982
1,00,000	2,346	3,129	3,895	5,909	7,903	12,503	15,854	20,736	25,027	30,258	33,284	36,612	38,443
1,50,000	2,812	3,751	4,669	7,083	9,474	14,987	19,003	24,856	29,999	36,269	39,896	43,886	46,080
2,00,000	3,202	4,271	5,316	8,065	10,788	17,067	21,640	28,304	34,162	41,301	45,431	49,975	52,473
2,50,000	3,646	4,864	6,054	9,184	12,285	19,434	24,642	32,231	38,901	47,031	51,735	56,908	59,753
3,00,000	4,152	5,539	6,894	10,459	13,989	22,131	28,061	36,703	44,298	53,557	58,912	64,803	68,044
3,50,000	4,728	6,307	7,850	11,910	15,930	25,201	31,954	41,795	50,444	60,987	67,086	73,794	77,484
4,00,000	5,115	6,823	8,493	12,884	17,233	27,263	34,568	45,214	54,571	65,976	72,573	79,831	83,822
4,50,000	5,518	7,361	9,162	13,899	18,591	29,411	37,292	48,777	58,871	71,175	78,293	86,122	90,428
5,00,000	5,934	7,916	9,853	14,948	19,994	31,631	40,107	52,459	63,315	76,547	84,202	92,622	97,253
6,00,000	7,170	9,565	11,905	18,061	24,158	38,219	48,460	63,384	76,500	92,489	1,01,738	1,11,912	1,17,507
7,00,000	7,364	9,823	12,227	18,549	24,811	39,251	49,769	65,097	78,568	94,988	1,04,487	1,14,936	1,20,683
8,00,000	7,563	10,089	12,558	19,051	25,482	40,312	51,114	66,856	80,691	97,555	1,07,310	1,18,042	1,23,944
9,00,000	7,767	10,362	12,897	19,565	26,170	41,401	52,495	68,662	82,871	1,00,191	1,10,210	1,21,231	1,27,293

10,00,000	7,977	10,642	13,245	20,094	26,877	42,520	53,914	70,518	85,111	1,02,899	1,13,188	1,24,507	1,30,733
11,00,000	8,192	10,929	13,603	20,637	27,604	43,669	55,370	72,423	87,410	1,05,679	1,16,247	1,27,872	1,34,265
12,00,000	8,414	11,224	13,971	21,195	28,350	44,849	56,867	74,380	89,772	1,08,535	1,19,388	1,31,327	1,37,893
13,00,000	8,641	11,528	14,348	21,767	29,116	46,061	58,403	76,390	92,198	1,11,468	1,22,614	1,34,876	1,41,620
14,00,000	8,875	11,839	14,736	22,356	29,902	47,306	59,982	78,454	94,690	1,14,480	1,25,928	1,38,520	1,45,446
15,00,000	9,114	12,159	15,134	22,960	30,710	48,584	61,602	80,574	97,248	1,17,573	1,29,330	1,42,264	1,49,377
16,00,000	9,364	12,492	15,549	23,589	31,551	49,914	63,290	82,781	99,912	1,20,793	1,32,872	1,46,160	1,53,468
17,00,000	9,614	12,825	15,963	24,217	32,393	51,245	64,977	84,988	1,02,575	1,24,013	1,36,414	1,50,056	1,57,559
18,00,000	9,873	13,172	16,395	24,872	33,268	52,630	66,732	87,284	1,05,347	1,27,364	1,40,101	1,54,111	1,61,816
19,00,000	10,144	13,532	16,844	25,553	34,179	54,071	68,560	89,675	1,08,232	1,30,852	1,43,938	1,58,331	1,66,248
20,00,000	10,414	13,893	17,293	26,234	35,090	55,513	70,388	92,065	1,11,117	1,34,341	1,47,775	1,62,552	1,70,680

Above rates (in Rs) are exclusive of Taxes

Rate sheet of Health Protector with Critical Illness

Age (yrs.)/SI	3months to 25	26 to 35	36 to 45	46 to 55	56 to 65	66 to 70	71 to 75	76 to 80	81 to 85	86 to 90	91 to 95	96 to 100	101 and above
50,000	2,537	3,384	4,212	6,391	8,548	13,523	17,146	22,427	27,068	32,725	35,997	39,597	41,577
1,00,000	3,049	4,068	5,063	7,681	10,274	16,254	20,610	26,957	32,535	39,335	43,269	47,596	49,975
1,50,000	3,655	4,876	6,069	9,208	12,316	19,483	24,704	32,312	38,999	47,150	51,865	57,052	59,904

2,00,000	4,162	5,553	6,911	10,485	14,024	22,187	28,132	36,796	44,410	53,692	59,061	64,967	68,215
2,50,000	4,740	6,323	7,870	11,940	15,970	25,265	32,035	41,900	50,571	61,141	67,255	73,980	77,679
3,00,000	5,397	7,200	8,962	13,596	18,186	28,770	36,479	47,714	57,588	69,623	76,586	84,244	88,457
3,50,000	6,146	8,199	10,206	15,482	20,709	32,762	41,540	54,334	65,577	79,283	87,211	95,932	1,00,729
4,00,000	6,649	8,870	11,040	16,749	22,403	35,442	44,938	58,778	70,942	85,769	94,345	1,03,780	1,08,969
4,50,000	7,173	9,569	11,910	18,069	24,168	38,235	48,480	63,410	76,532	92,528	1,01,780	1,11,958	1,17,556
5,00,000	7,714	10,291	12,809	19,433	25,993	41,120	52,139	68,196	82,309	99,511	1,09,462	1,20,409	1,26,429
6,00,000	9,321	12,435	15,477	23,480	31,406	49,684	62,997	82,399	99,451	1,20,236	1,32,259	1,45,485	1,52,759
7,00,000	9,573	12,771	15,895	24,114	32,254	51,027	64,700	84,625	1,02,138	1,23,485	1,35,833	1,49,416	1,56,887
8,00,000	9,831	13,116	16,325	24,766	33,126	52,406	66,448	86,912	1,04,898	1,26,821	1,39,504	1,53,454	1,61,127
9,00,000	10,097	13,470	16,766	25,435	34,021	53,822	68,244	89,261	1,07,733	1,30,248	1,43,273	1,57,601	1,65,481
10,00,000	10,370	13,834	17,219	26,122	34,941	55,276	70,088	91,673	1,10,644	1,33,768	1,47,145	1,61,859	1,69,952
11,00,000	10,650	14,208	17,684	26,828	35,885	56,770	71,982	94,150	1,13,634	1,37,383	1,51,121	1,66,233	1,74,545
12,00,000	10,938	14,592	18,162	27,553	36,854	58,304	73,927	96,694	1,16,704	1,41,095	1,55,205	1,70,725	1,79,261
13,00,000	11,233	14,986	18,653	28,298	37,850	59,879	75,924	99,307	1,19,858	1,44,908	1,59,399	1,75,339	1,84,105
14,00,000	11,537	15,391	19,157	29,062	38,873	61,497	77,976	1,01,991	1,23,097	1,48,824	1,63,706	1,80,077	1,89,080
15,00,000	11,849	15,807	19,675	29,848	39,924	63,159	80,083	1,04,747	1,26,423	1,52,845	1,68,130	1,84,943	1,94,190
16,00,000	12,173	16,240	20,213	30,665	41,017	64,889	82,276	1,07,615	1,29,885	1,57,031	1,72,734	1,90,008	1,99,508
17,00,000	12,498	16,673	20,752	31,483	42,110	66,619	84,470	1,10,484	1,33,348	1,61,217	1,77,339	1,95,073	2,04,826
18,00,000	12,836	17,123	21,313	32,333	43,248	68,419	86,752	1,13,469	1,36,951	1,65,574	1,82,131	2,00,344	2,10,361
19,00,000	13,187	17,592	21,897	33,219	44,433	70,293	89,128	1,16,577	1,40,702	1,70,108	1,87,119	2,05,831	2,16,122
20,00,000	13,539	18,061	22,480	34,104	45,617	72,166	91,504	1,19,685	1,44,452	1,74,643	1,92,107	2,11,318	2,21,884

Above rates (in Rs) are exclusive of Taxes

Note: The above stated premium & policy coverage's, terms & conditions as per IRDA (Health Insurance Regulations are subject to revision from time to time but chargeable/implementable only at the time of renewal.