FAMILY HEALTH PROTECTOR(FHP)

UIN: IFFHLIP26042V062526

Sales Literature/Prospectus

Scope of Cover

The Policy offers a protection cover for you and your family for any injury or disease related contingencies like hospitalization, medical expenses, surgical expenses, organ transplantation etc. The Policy covers the members of the family consisting of you, your spouse and dependent parent and children, brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together. Coverage is under a single sum insured and no separate sum insured is required for each covered member. Thus each covered member draws claim from the single limit of indemnity.

An additional optional cover of Critical illness is also provided to the family under a single sum insured on floater basis. The policy is brought to you by IFFCO-TOKIO General Insurance Company Ltd. at an affordable premium.

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 period on the advice of Medical Practitioners for duration specified. Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialist fees (including consultation through telemedicine).
c) 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 transplantation of Organs and similar expenses directly related to the Injury/Illness for which the Insured Person is hospitalized.
d) AYUSH Hospitalization Expenses.
e) Reasonable and customary charges incurred for Domiciliary Hospitalization if Medically Necessary up to 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. Coma of Specified Severity
3. Kidney Failure Requiring Regular Dialysis
4. Major Organ /Bone Marrow Transplant
5. Motor Neuron Disease With Permanent Symptoms
6. Multiple Sclerosis with Persisting Symptoms
7. Myocardial Infarction (First Heart Attack - Of Specified Severity)
8. Open Chest CABG
9. Open Heart Replacement Or Repair Of Heart Valves
10. Permanent Paralysis Of Limbs
11. Stroke Resulting In Permanent Symptoms

An additional 30% on the premium of base policy of the insured for "Critical Illness Coverage". Would be charged for this cover.

LIMITS OF LIABILITY:

S.No.	Nature of Expense	Limits
1.	Hospitalization Stay	
(a)	Room, Boarding & Nursing (Normal room)	1) In respect of class A cities, a limit of 1.50% of the sum insured on per day basis or actual whichever is less. 2) In respect of cities other than class "A" cities, a limit of 1.25% of the sum insured on per day basis or actual whichever is less. **Note**: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.
(b)	Room, Boarding & Nursing (ICU/ITU)	1) In respect of class A city a limit of 2.5%of the sum insured on per day basis or actual whichever is less. 2) In respect of other than class "A" cities a limit of 2% of the sum insured on per day basis or actual whichever is less. **Note**: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.
(c)	Service Charges and Surcharge	Actual subject to maximum of 0.5% of Sum Insured.
2.	Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline)	Actual up to Sum Insured
3.	Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses directly related to the Injury/Illness for which the Insured Person is hospitalized.	Actual up to Sum Insured

4.	Treatment of person donating an organ	The room rent payable in respect of Donor will be 50% of Room Rent limit for you or your family member (patient) for whom the claim is lodged.
5.	AYUSH hospitalization expenses including Pre-Hospitalization and Post Hospitalization expenses	Actual amount up to Sum Insured.
6.	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.
7.	Terrorism is Covered.	Actual up to Sum Insured

Unique Feature

a) In respect of basic sum insured of Rs. 7 (seven) 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. 7(seven) 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 Benefits

1. **Daily allowance**: An additional daily allowance amount equivalent to 0.15% (one seventh of a percent) of the sum insured per day, up to a maximum of Rs. 1,000 (one thousand) per day respect of you or your family member for the duration of hospitalization. If the hospitalization period is less than 24 (twenty-four hours), then this daily allowance will be reduced proportionately for the period of hospitalization.

2. **Ambulance charges**: Ambulance charges in connection with any admissible claim subject to a limit of 1% (one percent) of the sum insured or Rs. 2500/-(two thousand & five hundred) whichever is lower, for each hospitalization.

3. **Pre and post hospitalization medical expenses:** 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 prostrate (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. **No Claim Bonus:**

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

(i) Cumulative Bonus (CB)

a)The Cumulative Bonus shall accrue 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 all insured person(s) on collective basis, 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

Illustration1:

If a family 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 2.25 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

a) 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.

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

Illustration 2:
Continuing the case as in Illustration 1, if any insured person(s) makes a claim in year '3', the cumulative bonus shall be reduced by Rs. 0.5 Lakh (10% of basic SI), bringing the accrued cumulative bonus to Rs 1.25 Lakh.

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

Notes:

i. The CB shall be added and available to the family on floater basis, provided no claim has been reported from any insured members of the family. CB shall reduce in case of claim from any of the insured members of the family.

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

iii. 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.

iv. 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.

c) 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 3:
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

(ii) No Claim Discount

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

Conditions applicable for Cumulative Bonus & No Claim Discount

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

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

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

Illustration 4
Case 1: Annual Policies

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

6. **Day care treatment**: Day care medical treatments listed in Annexure C – "List of Day Care Procedures" of the policy document will be payable even if the duration of hospitalization is less than 24 (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(https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/day-care-procedures-fhp.pdf)/ 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 for the listed 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(s) shall be entitled to undergo a periodic medical check-up 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	Eligibility	Package
Upto 2 lacs	After every 2 claim free years	Any one member	Package A
Above 2 lacs upto 5 lacs	After every 2 claim free years	Any one member	Package B
Above 5 lacs upto 10 lacs	After each claim free year	Any one member	Package C
Above 10 upto 25 lacs	After each year, irrespective of claim	Any one member	Package D
Above 25 lacs	After each year, irrespective of claim	Any 2 members	Package D

Refer annexure for details of the 'Health Checkup Packages':

This benefit is subject to the conditions below:

a) The health check-up can be availed only through Our empaneled service provider on cashless basis.
b) We shall not be liable for any associated costs or expenses (conveyance, supplies etc.)
c) The check-up/tests are pre-determined. No addition or exchange/swap in the list of tests shall be allowed.
d) This benefit shall not reduce the Sum Insured or impact the accrued Cumulative Bonus.

e) 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.
f) Any unutilized check-up/test cannot be carried forward beyond one year of expiry of the policy.
g) No refund/discounts in renewal premium in lieu of non-consumption of this benefit shall be allowed.
h) 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 PED by You/the insured.

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 expense**s: You or your family member(s), on individual or collective basis, 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 each with us or 366 days in case of leap year, subject to a maximum of 7.5%(seven and half percent) of the total premium paid(excluding taxes) for the last two policies in respect of You or your family member(s)and a maximum of 15% (fifteen percent) for You or your family member(s), provided no claim(s) is/are made by You or your family member(s) during that period of insurance 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(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 You or your family member(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 or your family member(s).**
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 your family member as described below:

(A) Value Added Services

(a) Cashless Telemedicine Consultation:

I. **General Physicians and Specialists**: You or your family member 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 your family member
- 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 your family member 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 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 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 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 can avail services of our empaneled Dentists
v. **Home care-** You or your family member 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 your family member to improve their health and lifestyle. The activities mentioned below will be tracked by us, wherein You or your family member 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

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

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

REDEMPTION OF REWARD POINTS

You or your family member 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:

a) Individual Policy:

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

(b) Family Floater Policy:

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

2. Redeemable Vouchers

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.

You or your family member 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 or your family member 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 You or your family member's discretion. The costs are to be borne by You or your family member.
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 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.
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. 150,000 (one lakh 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.30 (thirty) 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.

Special conditions:

i. **Extension of policy period :**In case You or your family member who is/are covered under 'Family Health Protector' has/have to go abroad for a minimum of 30(thirty) days or more, 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 Family Health Protector Policy in respect of You or your family member 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.

ii. **Reinstatement of basic 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 You or your family member 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 You or your family member was/were hospitalised.

Further even in the first hospitalization period, if you or your family member 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 You or your family member has/have sustained whilst being in the hospital for the other disease/injury.

Example:

If You or your family member with a basic sum insured of Rs. 5L makes the first claim to undergo a procedure costing Rs.5.25L, claim settlement for the same would be limited to Rs. 5L subject to T&C of the policy. Further, the sum insured under this policy shall be reinstated to Rs. 5L without any deduction of reinstatement premium. However, this re-instated SI cannot be used to pay the balance Rs.25,000 /-. The

reinstated sum insured would, however, be available for any further claim occurring after the reinstatement. (unless it is a relapse of the ailment/injury in the first claim within 45 days)

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.3 (three)lakh 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: -

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

- 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: The following Co-pay options are available: 10%, 20% or 25% under the product. The Co-pay percentage as per the schedule, shall be applied on each and every admissible claim. Once the Co-Pay is opted under the policy, it cannot be opted out during the policy period.

Important Exclusions
We will not pay for

(I) STANDARD EXCLUSIONS:

1. **Pre-Existing Diseases(Code- Excl01)**

i. 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.

ii. In case of enhancement of basic sum insured the exclusion shall apply afresh to the extent of sum insured increase.

iii. If the Insured Person is continuously covered without any break as defined under the portability norms of extant IRDAI (Insurance Products) Regulations,2024 and its subsequent Circulars, then waiting period for the same would be reduced to the extent of prior coverage.

iv. 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 the Insured Person has Continuous Coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced basic sum insured in the event of granting higher sum insured subsequently.

3. **Specific Waiting Period: (Code- Excl02)**

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12/24 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of basic sum insured the exclusion shall apply afresh to the extent of sum insured 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 the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI (Insurance Products) Regulations,2024 and its subsequent Circulars then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures

i. 12 Months waiting period

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

ii. 24 Months waiting period

i) Cataract, Benign Prostatic Hypertrophy, DUB
ii) Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectomy
iii) Hernia, Hydrocele
iv) Sinusitis

v) Gall Bladder, Biliary, Renal and Urinary Stones
vi) Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident)
vii) Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident)
viii) Chronic Renal failure
ix) Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump

4. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

5 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.

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

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

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

8.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.

9.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

10. 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**

11. 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**

12.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

13.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.

14.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.

15.Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

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

17.Refractive Error: Code- Excl15:

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

18.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.

(II) SPECIFIC EXCLUSIONS

1. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics & napkins.
2. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.
3. Any disease aggravated by Diabetes and/or Hypertension for a waiting period of 90 days.
4. 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. Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies.
6. Any expense under Domiciliary Hospitalization for 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 Mellitus
   (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.
7. Any external congenital diseases or disorders.
8. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis.
9. 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.
10. Cost of spectacles and contact lens or hearing aids.
11. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.
12. Dental treatment or surgery of any kind, unless requiring hospitalization.
13. 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.
14. 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.
15. 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.

16. Intra-articular injections.
17. 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.
18. 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.
19. Travel or transportation expenses, other than ambulance service charges.
20. Treatment of, external congenital Disease or defects or anomalies, venereal Disease except HIV or intentional self-Injury.
21. 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.

Age Limits

The minimum age for the proposer is 18 (eighteen) years. The maximum entry age is 65 (sixty-five) years. There is no age limit for renewal of the policy. The Insurance is available to dependent child from the age of 1st (first) day onward. Maternity expenses, however, are excluded under the Policy. 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 Clause

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 basic sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.

vi. No loading shall apply on renewals based on individual claims experience.

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 at least 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 Important Exclusions, Sub section I-Standard 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 30 days before, but not earlier than 60 days from the due date of renewal. If You/ Insured person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:

i. The waiting periods specified in Important Exclusions, Sub section I-Standard 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 basic 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

You may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

a) 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, established 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 established fraud.

Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, We will intimate You or your family member about the same 90 days prior to expiry of the policy.
ii. You or your family member 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, on renewal. 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.

PRICING METHODOLOGY FOR DETERMINATION OF PREMIUM:

Two premium tables (Table A & Table B) are available for determining premium for Family Health Protector. Both tables must be used together in order to determine a premium for the entire cover offered to the members under Family Health Protector.

a. **Table A** is designed to derive premium for **Highest Aged Member** of the family.
b. **Table B** is designed to derive premium for **other than the Highest Age Member(s)** of the family depending upon their age.

Below mentioned steps must be followed for obtaining accurate premium.

Step 1: Obtain premium for "**Highest aged member**" from Table A as per corresponding Sum Insured and Age slab.
Step 2: Obtain premium for members "**Other than the highest aged member**" from Table B as per same Sum Insured as in Step 1 and their respective age slab.
Step 3: Add premium amount arrived in step 1 and step 2. This will be final chargeable policy premium; taxes at the prevailing rate is to be charged on the premium derived.

It is easier to manage these two tables and many people up to 12-15 members can also be easily calculated as it is simply picking up the premium from 2 tables.

DISCOUNT

Other Discounts

a) Employees covered under a Group Mediclaim Policy of IFFCO TOKIO and opting for sum insured under Family Health Protector of Rs. 4(Four)lakhs and above
OR
All customers holding any other insurance policy of IFFCO TOKIO will be eligible for discount upto 10%.

b) Direct/ Online discount: Upto 10% discount in policy premium is permitted for all customers who buys policy directly through IFFCO- TOKIO website/walk-in.
c) Upto 15% discount for all employees of IFFCO-TOKIO who buys policy directly through IFFCO-TOKIO website/walk-in.
d) Upto 5% discount for woman proposers

Note: All the above discounts are on cumulative basis and cannot exceed a total of 15% percent. However, the discount in lieu of reward points will be over and above the 15% limit.

Discount for Co-payment

On availing the option of co-pay, You or your family member can obtain the discount on premium as follows:

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

Annexure A – Health Checkup 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	✔
Inflamation 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	✔	✔

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

Annexure B: Premium Chart
FAMILY HEALTH PROTECTOR WITHOUT CRITICAL ILLNESS

Table A: Premium for the highest age member of the family (Excluding Taxes)

Premium Table for Maximum Aged Member (Amount in Rs.)																
Age/SI	**0-25**	**26-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**91-95**	**96-100**	**101 and Above**
150,000	3,309	3,819	5,399	7,479	8,939	10,769	12,089	18,409	19,309	23,749	31,669	38,009	41,809	45,989	50,589	53,109
200,000	3,819	4,399	6,229	8,619	10,299	12,409	13,939	21,219	22,249	27,369	36,499	43,799	48,169	52,989	58,289	61,199
250,000	4,339	5,009	7,079	9,809	11,729	14,119	15,859	24,139	25,319	31,149	41,539	49,839	54,829	60,309	66,339	69,649
300,000	4,449	5,129	7,259	10,049	12,009	14,459	16,239	24,729	25,929	31,899	42,539	51,049	56,159	61,769	67,949	71,349
350,000	4,559	5,259	7,429	10,289	12,299	14,809	16,639	25,329	26,559	32,679	43,579	52,289	57,519	63,269	69,599	73,079
400,000	4,859	5,599	7,919	10,969	13,099	15,779	17,719	26,979	28,289	34,809	46,419	55,699	61,269	67,399	74,139	77,849
450,000	5,159	5,959	8,419	11,659	13,939	16,779	18,849	28,699	30,089	37,019	49,379	59,249	65,179	71,689	78,859	82,799
500,000	5,389	6,209	8,789	12,169	14,539	17,509	19,669	29,939	31,399	38,629	51,509	61,809	67,989	74,789	82,269	86,389
600,000	6,419	7,409	10,469	14,509	17,339	20,869	23,449	35,699	37,429	46,049	61,409	73,689	81,059	89,169	98,089	102,989
700,000	6,629	7,649	10,809	14,979	17,899	21,549	24,209	36,849	38,639	47,539	63,399	76,079	83,689	92,059	101,259	106,319
800,000	6,789	7,829	11,069	15,329	18,319	22,059	24,779	37,719	39,549	48,659	64,899	77,869	85,659	94,229	103,649	108,829
900,000	7,119	8,209	11,609	16,079	19,219	23,139	25,999	39,579	41,499	51,049	68,089	81,699	89,869	98,859	108,739	114,179
1,000,000	7,159	8,249	11,669	16,169	19,319	23,269	26,139	39,789	41,719	51,329	68,459	82,149	90,359	99,399	109,329	114,799
1,100,000	7,379	8,509	12,029	16,669	19,919	23,979	26,939	41,019	43,009	52,919	70,569	84,679	93,149	102,469	112,709	118,349
1,200,000	7,539	8,689	12,289	17,019	20,339	24,499	27,519	41,889	43,929	54,039	72,079	86,489	95,139	104,649	115,119	120,869
1,300,000	7,909	9,119	12,889	17,859	21,339	25,699	28,869	43,949	46,089	56,699	75,619	90,739	99,809	109,789	120,769	126,809
1,400,000	8,069	9,309	13,159	18,229	21,779	26,229	29,459	44,859	47,029	57,869	77,169	92,599	101,859	112,049	123,249	129,419
1,500,000	8,309	9,579	13,549	18,769	22,429	26,999	30,329	46,179	48,419	59,579	79,449	95,339	104,869	115,359	126,899	133,239
1,600,000	8,549	9,859	13,939	19,309	23,079	27,789	31,219	47,529	49,839	61,309	81,769	98,119	107,929	118,729	130,599	137,129
1,700,000	8,839	10,189	14,409	19,959	23,859	28,719	32,269	49,129	51,509	63,379	84,519	101,429	111,569	122,719	134,999	141,749
1,800,000	9,139	10,539	14,899	20,639	24,659	29,699	33,359	50,789	53,259	65,519	87,379	104,859	115,349	126,879	139,569	146,549
1,900,000	9,599	11,069	15,649	21,679	25,909	31,189	35,039	53,349	55,939	68,819	91,789	110,139	121,149	133,269	146,599	153,929
2,000,000	10,059	11,599	16,399	22,719	27,149	32,689	36,719	55,909	58,619	72,119	96,189	115,419	126,959	139,659	153,629	161,309
2,100,000	10,559	12,179	17,229	23,859	28,519	34,329	38,569	58,719	61,579	75,759	101,029	121,239	133,359	146,689	161,359	169,429
2,200,000	11,069	12,759	18,049	24,999	29,879	35,979	40,419	61,539	64,529	79,389	105,869	127,049	139,749	153,729	169,099	177,559
2,300,000	11,619	13,409	18,959	26,259	31,389	37,789	42,459	64,639	67,779	83,389	111,209	133,449	146,789	161,469	177,619	186,499

2,400,000	12,179	14,049	19,869	27,519	32,889	39,599	44,489	67,739	71,029	87,389	116,539	139,849	153,829	169,209	186,129	195,439
2,500,000	12,779	14,739	20,849	28,879	34,509	41,549	46,679	71,069	74,519	91,679	122,269	146,719	161,389	177,529	195,279	205,049
2,600,000	13,419	15,479	21,899	30,329	36,249	43,639	49,029	74,649	78,269	96,299	128,429	154,109	169,519	186,469	205,119	215,369
2,700,000	14,069	16,219	22,949	31,779	37,989	45,739	51,379	78,229	82,029	100,919	134,579	161,499	177,649	195,409	214,949	225,699
2,800,000	14,789	17,059	24,129	33,419	39,949	48,099	54,029	82,259	86,259	106,119	141,529	169,839	186,819	205,499	226,049	237,349
2,900,000	15,519	17,899	25,309	35,059	41,909	50,459	56,689	86,299	90,489	111,329	148,479	178,169	195,989	215,589	237,139	248,999
3,000,000	16,249	18,739	26,499	36,709	43,869	52,819	59,339	90,339	94,729	116,539	155,419	186,509	205,159	225,669	248,239	260,649

Table B : Premium for other than the Highest age member of the family depending upon their age. (Excluding Taxes)

Premium Table for other than highest Aged Member (Amount in Rs.)																
Age/SI	**0-25**	**26-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**91-95**	**96-100**	**101 and Above**
150,000	2,159	2,489	3,509	4,869	5,809	6,999	7,859	11,969	12,549	15,439	20,589	24,709	27,179	29,889	32,879	34,529
200,000	2,479	2,859	4,049	5,609	6,699	8,069	9,059	13,789	14,459	17,789	23,719	28,469	31,309	34,449	37,889	39,779
250,000	2,829	3,259	4,609	6,379	7,619	9,179	10,309	15,699	16,459	20,249	26,999	32,399	35,639	39,199	43,119	45,279
300,000	2,889	3,339	4,719	6,529	7,809	9,399	10,559	16,079	16,859	20,739	27,659	33,189	36,499	40,149	44,169	46,379
350,000	2,959	3,419	4,829	6,689	7,999	9,629	10,819	16,469	17,269	21,239	28,329	33,989	37,389	41,129	45,239	47,499
400,000	3,159	3,639	5,149	7,129	8,519	10,259	11,519	17,539	18,389	22,629	30,179	36,209	39,829	43,809	48,189	50,599
450,000	3,359	3,869	5,479	7,579	9,059	10,909	12,259	18,659	19,559	24,069	32,099	38,509	42,369	46,599	51,259	53,819
500,000	3,499	4,039	5,709	7,909	9,449	11,379	12,789	19,459	20,409	25,109	33,479	40,179	44,199	48,619	53,479	56,149
600,000	4,179	4,819	6,809	9,429	11,269	13,569	15,239	23,209	24,329	29,929	39,919	47,899	52,689	57,959	63,759	66,949
700,000	4,309	4,969	7,029	9,739	11,629	14,009	15,739	23,959	25,119	30,899	41,209	49,449	54,399	59,839	65,819	69,109
800,000	4,409	5,089	7,199	9,959	11,909	14,339	16,109	24,519	25,709	31,629	42,179	50,619	55,679	61,249	67,369	70,739
900,000	4,629	5,339	7,549	10,449	12,489	15,039	16,899	25,729	26,969	33,189	44,259	53,109	58,419	64,259	70,679	74,219
1,000,000	4,649	5,369	7,589	10,509	12,559	15,119	16,989	25,869	27,119	33,369	44,499	53,399	58,739	64,609	71,069	74,619
1,100,000	4,799	5,529	7,819	10,839	12,949	15,589	17,519	26,669	27,959	34,399	45,869	55,049	60,549	66,609	73,269	76,929
1,200,000	4,899	5,649	7,989	11,069	13,229	15,919	17,889	27,229	28,559	35,129	46,849	56,219	61,839	68,019	74,829	78,569
1,300,000	5,139	5,929	8,379	11,609	13,879	16,709	18,769	28,569	29,959	36,859	49,149	58,979	64,879	71,369	78,499	82,429
1,400,000	5,249	6,049	8,559	11,849	14,159	17,049	19,149	29,159	30,569	37,609	50,159	60,189	66,209	72,829	80,119	84,119
1,500,000	5,399	6,229	8,809	12,199	14,579	17,549	19,719	30,019	31,479	38,729	51,649	61,969	68,169	74,989	82,479	86,609
1,600,000	5,559	6,409	9,059	12,549	14,999	18,059	20,289	30,899	32,399	39,859	53,149	63,779	70,159	77,169	84,889	89,139

1,700,000	5,749	6,629	9,369	12,979	15,509	18,669	20,979	31,939	33,489	41,199	54,939	65,929	72,519	79,769	87,749	92,139
1,800,000	5,939	6,849	9,689	13,419	16,029	19,299	21,689	33,019	34,619	42,589	56,799	68,159	74,979	82,469	90,719	95,259
1,900,000	6,239	7,199	10,169	14,089	16,839	20,279	22,779	34,679	36,359	44,739	59,659	71,589	78,749	86,629	95,289	100,049
2,000,000	6,539	7,539	10,659	14,769	17,649	21,249	23,869	36,339	38,109	46,879	62,519	75,029	82,529	90,779	99,859	104,849
2,100,000	6,869	7,919	11,199	15,509	18,539	22,319	25,069	38,169	40,029	49,239	65,669	78,799	86,679	95,349	104,889	110,129
2,200,000	7,199	8,299	11,739	16,249	19,429	23,389	26,279	39,999	41,949	51,599	68,819	82,579	90,839	99,919	109,919	115,409
2,300,000	7,559	8,719	12,329	17,069	20,399	24,569	27,599	42,019	44,059	54,199	72,289	86,739	95,419	104,959	115,449	121,229
2,400,000	7,919	9,129	12,919	17,889	21,379	25,739	28,919	44,029	46,169	56,799	75,749	90,899	99,989	109,989	120,989	127,039
2,500,000	8,309	9,579	13,549	18,769	22,429	27,009	30,339	46,199	48,439	59,589	79,479	95,369	104,909	115,399	126,939	133,279
2,600,000	8,729	10,069	14,229	19,719	23,559	28,369	31,869	48,519	50,879	62,599	83,479	100,169	110,189	121,209	133,329	139,999
2,700,000	9,149	10,549	14,919	20,659	24,689	29,729	33,399	50,849	53,319	65,599	87,479	104,979	115,469	127,019	139,719	146,709
2,800,000	9,619	11,089	15,689	21,729	25,969	31,259	35,119	53,469	56,069	68,979	91,999	110,389	121,429	133,579	146,929	154,279
2,900,000	10,089	11,639	16,459	22,789	27,239	32,799	36,849	56,099	58,819	72,369	96,509	115,809	127,389	140,129	154,149	161,849
3,000,000	10,559	12,179	17,229	23,859	28,509	34,329	38,569	58,719	61,569	75,749	101,029	121,229	133,349	146,689	161,359	169,419

Premium Illustration –

	Coverage opted on Floater Basis				
Age of the Members Insured	**Premium for Maximum Aged Member (Rs.)**	**Premium for other than Maximum aged member**	**Sum Insured (Rs.)**	**Premium (Rs.)**	**Sum Insured (Rs.)**
3 months-25	5,389	3,499	5,00,000		
26-35	6,209	4,039	5,00,000	4,039	5,00,000
36-40	8,789	5,709	5,00,000	8,789	
41-45	12,169	7,909	5,00,000		
46-50	14,539	9,449	5,00,000		
51-55	17,509	11,379	5,00,000		
56-60	19,669	12,789	5,00,000		

61-65	29,939	19,459	5,00,000		
66-70	31,399	20,409	5,00,000		
71-75	38,629	25,109	5,00,000		
76-80	51,509	33,479	5,00,000		
81-85	61,809	40,179	5,00,000		
86-90	67,989	44,199	5,00,000		
91-95	74,789	48,619	5,00,000		
96-100	82,269	53,479	5,00,000		
101 and above	86,389	56,149	5,00,000		
			Premium Payable after Discount	**12828**	

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