IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Group Medishield Insurance Policy

For

THE KRISHNA DISTRICT COOPERATIVE CENTRAL BANK LIMITED

Period of Insurance : 12/05/2024 To 11/05/2025

Policy No : H1384354

Welcome to the world of ITGI

We would like to take this opportunity to thank you for patronizing ITGI for Group Medishield Policy. At IFFCO TOKIO General Insurance Company Limited (ITGI),we are fully committed to provide insurance products and services to you in a convenient and satisfying manner.

Our policies and different Add-on coverage have been designed to provide you with more than just a healing touch in those unfortunate,yet unavoidable, circumstances of life.
We have made every effort to make our products and procedures simple,transparent and customer friendly. Our product range will serve almost all your insurance needs.

This booklet contains the Policy Schedule with add on covers, List of employees covered, Third Party Administrator details (for claims assistance) along with policy wordings of "Group Medishield Policy Coverage".We have taken adequate measures to issue the policy document as per your requirements. In case of any discrepancy please inform policy issuing office immediately.

It would be our privilege to assist you for your insurance requirements or feedback anytime.
You may contact our SBU or Toll-Free number available on Policy Schedule.

With ITGI, your future is in safe hands. **"Muskurate Raho".**

IFFCO TOKIO General Insurance Company Limited

Regd. OfficeL IFFCO SADAN, C1 Distt Centre, Saket,NewDelhi-110017
Corporate Identification Number (CIN) U74899DL2000PLC107621,IRDA Reg. No. 106

Issuing Office SBU 83
IFFCO TOKIO GEN INSU. CO. LTD.
D No 38-8-45
2nd Floor, Hotel Mid City Building
Opp. Radio Station Rd, M G Road
VIJAYAWADA ANDHRA PRA
520010
INDIA
GSTIN : 37AAACI7573H1ZB
Accident and Health insurance services : 997133

Group Medishield Insurance Policy Schedule

CUM TAX INVOICE

INSURED	**THE KRISHNA DISTRICT COOPERATIVE CENTRAL BANK LIMITED**			
Address	YSR SAHAKARA BHAVAN,			
	JAGANADHAPURAM,			
	MACHILIPATNAM H.O			
	MACHILIPATNAM (R)			
	ANDHRA PRADESH			
	INDIA			
	PIN CODE	521001	**STATE CODE**	37
Phone No	******			
GSTIN	37AABTT0343E1ZS			
Agent No	83001645			

Unique Invoice No.	H1384354
Policy No.	H1384354
Date Of Issuance	11/05/2024
Date Of Insurance from 00.00 hours on	12/05/2024
To Mid Night On	11/05/2025

Member Details

Total Members Covered	462
Total Self Covered	255
Total Dependent Covered	207

Co-insurance Details

Insurance Company	Share (%)
IFFCO TOKIO GENERAL INSURANCE CO. LTD	100

Premium Details

Net Premium	Gross Premium
6,334,100	7,474,238

GST Details

	CGST	SGST	UGST	IGST
Percentage (%)	9	9	0	0
Amount (Rs.)	570,069	570,069	0	0

TPA Details

S.No.	Name	Entity	Email	Mobile No.	Address
1	IFFCO Tokio General Insurance	Claims Administrator	---	---	---

Policy Conditions/Extensions/Endorsements

THE KRISHNA DISTRICT COOPERATIVE CENTRAL BANK LIMITED				
Coverage Name	**PlanName**			
Sum Insured Opted	**BASE**	Sum Insured List(INR) : 300000		
Family Composition List	**BASE**	Family Size Family Definition **Relationship** Self/Employee Spouse	: 2 : SELF+SPOUSE **Min Age** 18 18	 **Max Age** 99 99
Pre Existing Diseases	**BASE**	Covered from Day 1		
First 30 Days Exclusion	**BASE**	Waived		

First Year Exclusion	**BASE**	Waived
Second Year Exclusion	**BASE**	Waived
Maternity Benefit	**BASE**	Not Covered
New Born Baby Cover	**BASE**	Not Covered
Room Rent Capping	**BASE**	Restricted a Maximum of Rs. 3000/- per day If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, and whichever is lower.
Pre & Post Hospitalization coverage	**BASE**	Expenses incurred for Pre Hospitalization upto 30 Days and Post Hospitalization upto 60 Days are covered .
Domiciliary Hospitalization	**BASE**	Not Covered
Corporate Buffer	**BASE**	Not Covered
Ambulance Charges	**BASE**	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period
Limits for common ailments	**BASE**	Sublimits only for Cataract Rs.20,000/- per eye.
Co-pay	**BASE**	All Pre Existing Diseases claims subject to 20% copay
Others	**BASE**	AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs. 25,000/- per policy period. All Day care procedures are covered

General Conditions

THE KRISHNA DISTRICT COOPERATIVE CENTRAL BANK LIMITED	
BASE	
1	**Day One Cover** Day one cover for New members/ employees subject to receipt of premium/maintenance of CD balance & intimation within 15 days of succeeding month Succeeding Month Further dependents can be covered within 30 days from date of enrollment of the employee /date of joining of the employee.
2	**Missed Out Employees window period** For employees who are existing members of the group (at inception of the policy) who are left out at inception of the Policy, such left employees to be declared within15 days of the inception of the Policy.
3	**Newly Acquired Dependant** Mid-tem inclusion of Existing Employee's newly acquired dependent (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15 days of succeeding month subject to maintenance of sufficient CD Balance.
4	**Non-Compliance** Default In case of Non-Compliance of above-mentioned conditions; the following conditions shall apply: (I) Midterm additions of Employee / Employee's dependents other than Dependent Parents/Dependent Parent In Laws 1) * Risk premium on pro rata basis on each inclusion of Employee/ Employee's dependent + flat administrative charges on each dependent + Tax shall be leviable. 2) Inclusion of such midterm dependents shall be subject to Waiting period of 1 for all claims except for Accidental Claims * Risk Premium: Basic GMC Premium based on ITGI Premium Rate Chart for the respective SI based on the age for each dependent irrespective of whether the sum insured is on family floater/ individual basis. <OR/ AND> (If Parents are covered)(I) Midterm additions of Employee / Employee's dependents other than Dependent Parents/Dependent Parent In Laws 1) * Risk premium on pro rata basis on each inclusion of Employee/ Employee's dependent + flat administrative charges Rs 200 on each dependent + Tax shall be leviable.<OR/ AND> 2) Inclusion of such midterm dependents shall be subject to Waiting period of 4 for all claims except for Accidental Claims * Risk Premium: Basic GMC Premium based on ITGI Premium Rate Chart for the respective SI based on the age for each dependent irrespective of whether the sum insured is on family floater/ individual basis.
5	**Deletion of employee / Member from Group** In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 15 days of succeeding month Succeeding Month days of succeeding month(default)/ 30 days of separation from the group; failing which refund will be calculated from the date of submission of declaration to ITGI.
6	**Proportionate Clause** All benefits as an inpatient in a hospital attached to room will be restricted to the room which falls within the room rent limits allowed. The enhanced difference in expenses due to opting rooms with higher room rent than what has been allowed will be borne by the insured only. Wherever the room rent based tariff for the other expenses is not available, the payment would be done in the same proportion as per the entitlement of room rent under the policy excluding cost of pharmacy, consumables, implants, medical devices and diagnostics medically prescribed by the treating doctor under the policy.
7	**Package Treatment** In case of package treatment where individual bifurcation of room rent, medicines, operation theater expenses, doctor's consultation charges etc are not available, then the package charges shall be proportionately linked to the entitled room rent of the insured person under the Policy.
8	**Intimation of claims** As per the Standard ITGI GMC policy (Claim to be intimated within 15 days from date of hospitalization).
	Submission of Claim Documents

9	All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post Hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier.
10	**Copay for Network Hospitals** All the reimbursement claims under Network Hospitals are subject to additional 10 % co-pay.
11	**Excluded Hospitals / Medical Practitioners** Please note that the policy does not pay for Cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached to this Policy. The list of such excluded hospitals / Medical Practitioner(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/ Medical Practitioner before admission/consultation.
12	**Duplicate Member/Employee Restriction** No Employee / Family member should be covered twice in the policy.
13	**Member ID Card Type** Physical
14	**Mid term Change in SI** Mid-term change in SI is not allowed
15	**Claim Type** Cashless and Reimbursement

Whether GST is Payable on Reverse Charge Basis- No

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

The coverage is as per policy wordings / endorsements / clauses attached. Please go through the Group Medishield Insurance Policy and in case of any discrepancy, please inform us.

Policy is cancelled ab-initio in case of Cheque Dishonor.

The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client/ Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML/ CFT. In case, if any discrepancy is found in KYC Verification of the Client/ Policyholder, it is agreed by the Client/ Policyholder to complete/ rectify the discrepancy found in the KYC documents/information for the generation of CKYC Number, failing which the policy will be considered ineffective/suspended/ cancelled and no claim will be payable under this Insurance Policy.

1)"Policy Issuing Office: Delhi".
2)"Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi"

Toll Free: 1800-103-5499 (24 hours all days) or SMS "CLAIMS" to 56161.

For IFFCO-Tokio General Insurance Company Limited

Authorised Signatory

Subrata Mondal

Contact Details

IFFCO TOKIO General Insurance Company Limited

Name of Co-ordinator	PRAKASH LOKAM
Contact No	9494049670
Email ID	v.lokam@iffcotokio.co.in

Third Party Administrator : IFFCO Tokio General Insurance

Details of Intermediary/ Agent

Name	ANGATHA PRASANTH
Contact No	8885581555
Email Id	omchaithu@gmil.com

Settlement Type : Cash Less

Claim payment to be made to : Employee

Health ID Cards : Non-Photo Id

Industry Type : Finance-Banking

Expiring Policy Details:

Policy Number	H1198430
Start Date	12/05/2023
End Date	11/05/2024

Group MediShield Policy Wording

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnessed that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy, WE will insure the Insured Person(s) and accordingly WE will pay to YOU or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU and/or Insured Person(s) have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to YOUR or the Insured Person(s) right to recover under this POLICY.

DEFINITION OF WORDS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age:** It means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **AYUSH Treatment** refers to the hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems..
5. **AYUSH Hospital:**

   An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   a. Central or State Government AYUSH Hospital or
   b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.

6. **AYUSH Day Care Centre**

   AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
   i.Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii.Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to Our authorized representative.

7. **Cashless facility -** It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.
8. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. Internal Congenital Anomaly: Anomaly which is not in the visible and accessible parts of the body
   b. External Congenital Anomaly: Anomaly which is in the visible and accessible parts of the body.
10. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.
11. **Daycare centre**

    It means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:
    i. has qualified nursing staff under its employment;
    ii. has qualified medical practitioner (s) in charge;

iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
iv. maintains daily records of patients and shall make these accessible to Our authorized personnel.

12. **Day Care Treatment** means medical treatment, and/or *surgical procedure* which:
    1. Is undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 (twenty-four) hrs. because of technological advancement, and
    2. which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

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

13. **Dental Treatment** It means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

14. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.

15. **Domiciliary Hospitalisation**It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances.

    a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital or
    b. the patient takes treatment at home on account of non-availability of room in a hospital.

16. **Emergency Care** It means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

17. **Grace Period -** It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

18. Hospital/Nursing Home

It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
iii. has qualified medical practitioner (s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
v. maintains daily records of patients and shall make these accessible to Our authorized personnel.

**Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013*or any amendments thereof.

1. The Andhra Pradesh Private Medical Care Establishments (Registration andRegulation) Act, 2002.
2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

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

19. **Hospitalisation**It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

20. Illness

It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

i. Acute Condition means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
ii. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics

    a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    b. it needs ongoing or long-term control or relief of symptoms
    c. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
    d. it continues indefinitely
    e. it recurs or is likely to recur

21. **Injury**It shall mean accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

22. **Inpatient Care** It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.

23. **Insured Person:**The person named as Insured person(s) in the Schedule lodged with US by YOU.

24. **Intensive Care Unit** means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s),* and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the

ordinary and other wards.

25. **Intensive Care Unit (ICU)** Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

26. **Medical Advice -** It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

27. **Medical Expenses -** It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

28. **Medically Necessary Treatment–** Medically necessary treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
    a. is required for the medical management of the illness or injury suffered by the insured;
    b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    c. must have been prescribed by a *medical practitioner,*
    d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

29. Medical Practitioner

It is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

30. Maternity Expenses

Maternity expenses means;
1. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
2. expenses towards lawful medical termination of pregnancy during the policy period.

31. **Network Provider** Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

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

32. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.

33. **Non- Network Provider -** Non-Network means any hospital, day care centre or other provider that is not part of the network.

34. **Notification of Claim** is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication

35. **Out-Patient (OPD) treatment** means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

36. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or or extensions attaching to or forming part thereof. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.

37. **Policy Period/ Period of Insurance -**It means the duration of this policy as shown in the Schedule.

38. **Portability -**It means the right accorded to an individual health insurance policy holder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

39. **Policy Schedule** It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.

40. Post Hospitalisation

It means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital, provided that:
    a. such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    b. the In-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.

Maximum Limit for Post Hospitalisation Medical Benefit: 60 days.

41. Pre-existing Disease

It means any condition, ailment, injury or disease

    a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
    b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

42. Pre-Hospitalisation

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
1. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
2. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Maximum Limit for Pre-Hospitalisation Medical Benefit: 30 days.

43. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.

44. **Qualified Nurse** It means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

45. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

46. **Sum Insured** It means the monetary amount shown against Insured Person.

47. **Surgery or Surgical Procedure** It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

48. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

49. Waiting Period

It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

50. WE/OUR/US It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**

51. **YOU/YOUR** It means the person(s)/the company/the entity named as Insured in the Schedule

52. **ABHA ID**
I am sharing personal information (including Ayushman Bharat Health Account (ABHA) ID, Demographic Information and medical records/ history) of my employees to be insured under the health policy issued/ to be issued by IFFCO-Tokio voluntarily and under authorization of all the persons insured under the health policy.

I fully understand and agree that:
i. My medical records shall be shared with Insurers, Third Party Administrator and medical service providers through ABHA.
ii. personal information provided herein may be used or shared by IFFCO-Tokio, Health Service Provider and/or the Third Party Administrator for the purpose of:
· identification/ authentication, underwriting/ data analysis/ taking measure to respond the medical emergency/ policy and claim servicing.
· storage by IFFCO-Tokio and its lawful agent/ third party for the period as stipulated under the Law for the time being in force;
· producing records and log of the consent, Information on authentication, identification, verification etc. as evidence before a court of law, any authority or in arbitration.

COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses, then WE will pay reasonable and customary charges of the following Hospitalisation expenses: 1. Room, Boarding Expenses as provided by the Hospital/Nursing Home. 2. Nursing Expense. 3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital. 4. Expense on Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs and similar expenses. 5. AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period. 6. WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation at reasonable and customary level charges. Note: The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.	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 48 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 48 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) a. 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. b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. 3. The exclusion no. 2, mentioned in 'What is not covered' shall not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not

have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to Us.

4. 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 the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
    f. List of specific diseases/procedures

        i. 12 Months waiting period
            a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Meaorrahagia or Fibromyoma
            b. Hernia, Hydrocele, Congenital Internal Disease.
            c. Fistula in anus, Piles, Sinusitis and related disorders.

5. If the above-mentioned diseases (The exclusion no. 4, mentioned in ‘What is not covered’) are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.
6. 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.
7. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life.
8. 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.
9. Cost of Spectacles and contact lens, hearing aids.
10. Dental treatment or Surgery of any Kind unless requiring hospitalisation.
11. 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:
    a. 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.
    b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.
13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
14. 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.
15. Maternity Expenses (Code - Excl 18):

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
b. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

(This exclusion will stand deleted where policy is extended to cover Maternity Benefits)

16. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:

    a. Any type of contraception, sterilization
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c. Gestational Surrogacy
    d. Reversal of sterilization

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. Any Expenses on treatment of Insured person as outpatient in the Hospital.
19. 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
20. 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
21. Any Expenses under Domiciliary Hospitalisation for Treatment of following diseases:
    a. Asthma
    b. Bronchitis
    c. Chronic Nephritis and Nephritic Syndrome
    d. Diarrhoea and all type of Dysenteries including Gastro-enteritis
    e. Diabetes Mellitus and Insipidus
    f. Epilepsy
    g. Hypertension
    h. Influenza, Cough and Cold
    i. Pyrexia of unknown Origin for less than 20 days
    j. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis
    k. Arthritis, Gout and Rheumatism
    l. Dental Treatment or Surgery

22. 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

	23. 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. 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. 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. 26. 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.) 27. Refractive Error: Code- Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. 28. 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.

Additional Benefits

1. 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.

2. 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.)

CLAIM PROCEDURE AND REQUIREMENTS

1. An event, which might become a claim under the policy, must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

   The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

2. No sum payable under this policy shall carry any interest/ penalty except for 'provision for penal interest' as described below.

3. Claim Settlement (provision for Penal Interest)

   i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
   ii. In the case of delay in the payment of a claim, We shall be liable to pay interest to You/the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate**
   iii. However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
   iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

****"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)**

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's interests Regulations, 2017.