



SWASTHYA KAVACH (FAMILY HEALTH)POLICY

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy insofar 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 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 (APPLICABLE TO BASE PLAN AS WELL AS WIDER PLAN UNLESS SPECIFICALLY MENTIONED)

1. **Proposal** means any signed proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
2. **Policy** means the Policy wording, the Schedule and any applicable endorsement or memoranda. 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.
3. **Schedule** means latest Schedule issued by Us as part of the Policy. It provides details of the cover of Insured Person(s) which are in force and the level of cover Insured Person(s) have.
4. **We/ Our/ Us** means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**.
5. **You/Your** means the Person(s) named as Insured in the Schedule, including all Insured Persons.
6. **Insured Person** The Person(s) named as Insured Person(s) in the Schedule lodged with Us by You. Only You, Your spouse and Your dependent children) up to the age of 23 years can be included under the Policy as an Insured person. Your Parents are not covered.
7. **Period of Insurance** means the duration of this Policy as shown in the Schedule.
8. **Sum Insured** means the monetary amount mentioned in the schedule as Sum Insured which is the limit of indemnity available to any of the Insured Persons severally or jointly and represents Our maximum liability under a claim and all claims in the aggregate in the Period of Insurance.
9. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
10. **Illness** means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. **Acute condition** is a disease, illness or injury that is likely to respond 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.



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- b. Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back
11. **Hospital** 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 the Schedule of Section 56(1) of the said Act **OR** complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's 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. Please refer to the act for amendments, if any.**
1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
 2. The Bombay Nursing Homes Registration Act, 1949.
 3. The Delhi Nursing Homes Registration Act, 1953.
 4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran 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.
12. **Medically Necessary** Medically necessary treatment is defined as 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.
13. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
14. **Hospitalisation** mean admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
15. **Room rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
16. **Any One Illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
17. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred 30 days immediately before the Insured Person is Hospitalized, provided that:



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- 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.
18. **Post Hospitalisation Medical Expenses** means Medical Expenses incurred 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

1. For BASE PLAN: means relevant medical expenses up to 7% of Hospitalisation expenses (excluding Room Rent) incurred during period up to 30 days after Hospitalisation on Disease/illness/Injury sustained subject to maximum of Rs.7500/-, which will be part of Hospitalisation expenses claim.

2. For WIDER PLAN: means relevant medical expenses incurred up to 60 days after Hospitalisation on Disease/illness/ Injury sustained, which will be part of Hospitalisation expenses claim

19. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered Medical Practitioner should not be the Insured or close family member.
20. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment
21. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
22. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:
 - 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.
23. **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.
24. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer
25. **Third Party Administrator (TPA):** means any person who is licensed under IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority and is engaged for a fee or remuneration by an insurance company, for the purpose of providing health services
26. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
27. **Non- Network** means any *hospital*, day care centre or other provider that is not part of the *network*
28. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source

29. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of



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grace period for treating the renewal continuous for the purpose of all waiting periods.

30. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained by the insured for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another insurer
31. **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.
32. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a 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.
33. **Emergency Care** means management for a severe 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.
34. **Maternity Expenses** shall include – (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization. (b) Expenses towards lawful medical termination of pregnancy during the Policy period.
35. **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.
36. **Inpatient Care** means treatment for which the insured person has to stay in a *hospital* for more than 24 hours for a covered event.
37. **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.
38. **Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of the Sum Insured.
39. **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - has qualified nursing staff under its employment
 - has qualified medical practitioner (s) in charge
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
40. **Day Care Treatment** refers to medical treatment, and/or *surgical procedure* which is:
 - I. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
 - II. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
The treatment will be considered to be taken under Hospitalization benefit for the processes listed as Day Care Treatment in the **Annexure** attached to the Policy.
41. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.



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42. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
43. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy.
44. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
45. **Emergency Assistance Service Provider:** provides identified Emergency Medical Assistance and Personal services to people travelling more than 150 kilometers from their declared place of residence in India.
46. **Medical Services:** means the stipulated medical services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medically supervised repatriation.
47. **Personal Services:** means the other emergency services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals.
48. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
49. **New Born Baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
50. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee in case of indemnity policies and for specified number of days/hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
51. **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 claim amount. A co-payment does not reduce the sum insured.
52. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
53. **Cumulative Bonus** Cumulative Bonus shall mean any increase in the sum insured granted by the insurer without an associated increase in premium.

DEFINITION OF WORDS (APPLICABLE TO WIDER PLAN ONLY)

54. **Critical Illness** means any Disease or Major Injuries as defined under Item 55 to 64 below, which the Insured Person is diagnosed to have suffered from and which requires Hospitalisation.
55. **Stroke Resulting In Permanent Symptoms**
 - I Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
 - II **The following are excluded:**
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.



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56. Cancer of specified severity

I A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II The following are excluded -

- a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- b. Any skin cancer other than invasive malignant melanoma
- c. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- d. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- e. Chronic lymphocytic leukaemia less than RAI stage 3
- f. Microcarcinoma of the bladder
- g. All tumours in the presence of HIV infection.

57. Kidney Failure Requiring Regular Dialysis

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

58. Open Chest CABG

I. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

II The following are excluded:

- a. Angioplasty and/or any other intra-arterial procedures
- b. Any key-hole or laser surgery.

59. Major Organ /Bone Marrow Transplant

I The actual undergoing of a transplant of:

- a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II The following are excluded:

- a. Other stem-cell transplants
- b. Where only islets of langerhans are transplanted

60. **Major Injuries** means accidental bodily injuries caused by external, violent and visible cause leading to loss of limbs i.e. physical separation or permanent and total loss of use of one or more hand, foot or eye within 12 months from the date of injury.

61. **End Stage Liver Disease** means an irreversible chronic alteration of the hepatic parenchyma or the biliary ductal system resulting in a life threatening liver dysfunction. The above coverage is excluded if the etiology of the disease is due to chronic alcohol consumption or any self inflicted toxic or drug consumption.

62. **Major Burns** means an injury due to any form of burn touching one third or more of the body area causing loss of soft tissue and resulting in impairment or loss of function of the injured organ.

63. Coma Of Specified Severity

I A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- a. no response to external stimuli continuously for at least 96 hours;
- b. life support measures are necessary to sustain life; and
- c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.



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II The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

64. Multiple Sclerosis With Persisting Symptoms

I The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- a. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- b. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- c. Well documented clinical history of exacerbations and remissions of saidwell documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes at least one month apart.

II Other causes of neurological damage such as SLE and HIV are excluded

65. **Optional Extension** means optional coverage which is available to You apart from the Basic Cover under the Policy, which You can choose to take on payment of necessary additional premium

COVERAGE UNDER BASE PLAN

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalisation expenses, then We will pay Medically Necessary and Reasonable and Customary Charges of the following Hospitalisation expenses:</p> <ol style="list-style-type: none"> 1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits. <ul style="list-style-type: none"> a) Sub limit per day for normal Room expenses: 1.0% of the Sum Insured b) Sub limit per day for Intensive Care/Therapeutic Unit expenses: 2.0% of the Sum Insured. c) Registration and Service Charges of Hospital/Nursing Home : Actual 2. Medical Practitioner/ Anesthetist, Consultant fees. 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Transplantation and similar expenses. 4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner. 5. The above stated relevant expenses incurred for Domiciliary Hospitalisation at Reasonable and Customary Charges up to a maximum aggregate 	<p>WE will not pay for</p> <ol style="list-style-type: none"> 1 Any condition(s) defined as Pre - existing Disease in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with us This exclusion will also apply to any complications arising from Pre- existing Disease/ Injury. Such complications will be considered as a part of the Pre-existing Disease. 2 Any expense on Hospitalisation/Domiciliary Hospitalisation for any Disease which incepts during first 30 days of commencement of this Insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or similar coverage under Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break <i>exceeding 30 days</i>. This Exclusion waiver shall be restricted to Sum Insured of preceding Policy 3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases: <ul style="list-style-type: none"> • Tonsillitis/ Adenoids • Gastric or Duodenal Ulcer • Any type of Cyst/ Nodules/ Polyps • Any type of Breast lumps. <p>However if these Disease are Pre-Existing at the time of Proposal then they will be falling under Exclusion (1) and will be covered after four continuous year of insurance with Us.</p> <ol style="list-style-type: none"> 4. Any expense incurred during the first two continuous



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<p>sub-limit of 20% of the Sum Insured.</p> <p>6. An additional Daily Allowance amount equivalent to Rs. 150/- per day, for the duration of Hospitalisation towards defraying of miscellaneous expenses.</p> <p>7. Ambulance charges in connection with any admissible claim limited to Rupees 750/- or actual whichever is less for each claim.</p> <p>8. The below mentioned list of treatments has specified expenses limit per claim which is inclusive of all expenses as mentioned in (1),(2),(3),(4),(5),(6) and (7) or actual amount, whichever is less.</p> <p style="text-align: center;">LIST OF TREATMENTS</p> <table border="0"> <thead> <tr> <th>Treatment List</th> <th>Expense Limit per Claim</th> </tr> </thead> <tbody> <tr> <td>1) Cataract</td> <td>- 7.5% of the Sum Insured subject to maximum of Rs. 15000/-</td> </tr> <tr> <td>2) Piles, Fistula, Fissure, Tonsillitis, Sinusitis.</td> <td>- 10 % of the Sum Insured subject to maximum of Rs. 30000/-.</td> </tr> <tr> <td>3) Benign Prostatic Hypertrophy, Hernia</td> <td>- 20% of the Sum Insured subject to maximum of Rs.50000/-</td> </tr> <tr> <td>4) Knee/ Hip Joint Replacement, All Cancer, Renal Failure</td> <td>- 50% of the Sum Insured subject to maximum of Rs 200000/-</td> </tr> <tr> <td>5) Appendicitis, Gall Bladder stones and Hysterectomy</td> <td>- 15% of the Sum Insured subject to maximum of Rs 40000/-</td> </tr> </tbody> </table> <p>Note</p> <p>1. The Hospitalisation expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network.</p> <p>2. Hospitalisation expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person and within the Sum Insured. For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalisation expenses and Daily Allowance.</p> <p>3. Pre-Hospitalisation and Post Hospitalisation expenses For 30 days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalisation expenses subject to the overall Sum</p>	Treatment List	Expense Limit per Claim	1) Cataract	- 7.5% of the Sum Insured subject to maximum of Rs. 15000/-	2) Piles, Fistula, Fissure, Tonsillitis, Sinusitis.	- 10 % of the Sum Insured subject to maximum of Rs. 30000/-.	3) Benign Prostatic Hypertrophy, Hernia	- 20% of the Sum Insured subject to maximum of Rs.50000/-	4) Knee/ Hip Joint Replacement, All Cancer, Renal Failure	- 50% of the Sum Insured subject to maximum of Rs 200000/-	5) Appendicitis, Gall Bladder stones and Hysterectomy	- 15% of the Sum Insured subject to maximum of Rs 40000/-	<p>years of operation of the insurance cover on treatment of the following Diseases :</p> <ul style="list-style-type: none"> • Cataract, Benign Prostatic Hypertrophy, • Hysterectomy for Menorrhagia or Fibromyoma • Hernia, Hydrocele • Fistula in anus, Piles, Sinusitis • Choletithiasis and Cholecystectomy • Spondylosis / Spondilitis – any type • Inter- vertebral Disc Prolapse (other than caused by an accident) • Knee replacement/ Joint Replacement/ Hip replacement (other than caused by an accident) • Osteoarthritis • Chronic Renal failure or End Stage Renal Failure. • Heart Disease • Any type of Carcinoma / Sarcoma/ Blood Cancer • Varicose Veins / Varicose Ulcers <p>However if these Diseases are Pre-Existing at the time of Proposal then they will be falling under Exclusions (1) and will be covered after four continuous year of insurance with Us.</p> <p>5. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</p> <p>6. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .</p> <p>7. Cost of spectacles and contact lens or hearing aids.</p> <p>8. Dental treatment or surgery of any kind, unless requiring Hospitalisation.</p> <p>9. Convalescence, general debility, run down condition or rest cure, congenital Disease or defects or anomalies, sterility, venereal Disease, intentional self Injury and use of intoxicating drugs/alcohols.</p> <p>10. Any expense on treatment related to HIV, AIDS and all related medical conditions.</p> <p>11. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.</p>
Treatment List	Expense Limit per Claim												
1) Cataract	- 7.5% of the Sum Insured subject to maximum of Rs. 15000/-												
2) Piles, Fistula, Fissure, Tonsillitis, Sinusitis.	- 10 % of the Sum Insured subject to maximum of Rs. 30000/-.												
3) Benign Prostatic Hypertrophy, Hernia	- 20% of the Sum Insured subject to maximum of Rs.50000/-												
4) Knee/ Hip Joint Replacement, All Cancer, Renal Failure	- 50% of the Sum Insured subject to maximum of Rs 200000/-												
5) Appendicitis, Gall Bladder stones and Hysterectomy	- 15% of the Sum Insured subject to maximum of Rs 40000/-												



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<p>Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalisation will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified.</p> <p>4. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursing and Domiciliary Hospitalisation, as detailed under Item (1) and (5) above, the specified percentages will be applied on the Sum Insured.</p> <p>5. The amounts payable under item (2) and (3) shall be at the rate applicable to the entitled room category. In case You opt for a room with expenses higher than the entitled category as under 1(a), the charges payable under (2) and (3) shall be limited to the charges applicable to the entitled category.</p>	<p>12. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.</p> <p>13. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</p> <p>14. Any expense on treatment of Insured Person as outpatient in a Hospital.</p> <p>15. Any expense on naturopathy, experimental or alternative medicine procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</p> <p>16. Travel or transportation expenses, other than Ambulance service charges.</p> <p>17. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.</p> <p>18. External medical equipment of any kind used at home as Post Hospitalisation care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p> <p>19. Genetic disorders and stem cell implantation/ surgery.</p> <p>20. All non medical expenses including personal comfort and convenience items or services, such as telephone, , ayah/ barber or beauty services, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc..</p> <p>21. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</p> <p>22. First 10% of any admissible claim if he is suffering from either Diabetes or Hypertension and First 25% of the admissible claim amount in case he is suffering from both diabetes and hypertension. This provision is</p>
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	<p>applicable only for claims arising out of Diabetes and/or Hypertension.</p> <p>23. Any expense under Domiciliary Hospitalisation for</p> <ul style="list-style-type: none"> • Pre and Post Hospitalisation treatment • Treatment of following Diseases: <ol style="list-style-type: none"> 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. All types of Psychiatric or Psychosomatic Disorders X. Pyrexia of unknown origin for less than 15 days XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis XII. Arthritis, Gout and Rheumatism XIII. Dental Treatment or Surgery
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COVERAGE UNDER WIDER PLAN

I. BASIC COVER

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalisation expenses, then We will pay Medically Necessary and Reasonable and Customary Charges of the following Hospitalisation expenses:</p> <p>2. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits.</p> <p>a) Sub limit per day for normal Room expenses: 1.5% of Basic Sum Insured</p> <p>b) Sub limit per day for Intensive Care/Therapeutic Unit expenses: 2.5% of Basic Sum Insured.</p> <p>c) Registration and Service Charges of Hospital/Nursing Home : Actual</p> <p>2. Medical Practitioner/ Anesthetist, Consultant fees.</p> <p>3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis,</p>	<p>WE will not pay for</p> <p>1. Any condition(s) defined as Pre - existing Disease in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with us. This exclusion will also apply to any complications arising from Pre- existing Disease/ Injury. Such complications will be considered as a part of the Pre-existing Disease.</p> <p>2. Any expense on Hospitalisation/Domiciliary Hospitalisation for any Disease which incepts during first 30 days of commencement of this Insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or similar coverage under Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break <u>exceeding 30 days</u>. This Exclusion waiver shall be restricted to Sum Insured of preceding Policy</p> <p>3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases:</p> <ul style="list-style-type: none"> • Tonsillitis/ Adenoids • Gastric or Duodenal Ulcer • Any type of Cyst/ Nodules/ Polyps

Swasthya Kavach (Family Health)Policy
 UIN:IRDA/NL-HLT/ITGI/P-H/V.I/52/14-15
 Policy Wordings
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<p>Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Transplantation and similar expenses.</p> <p>4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.</p> <p>5. The above stated relevant expenses incurred for Domiciliary Hospitalisation at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured.</p> <p>6. An additional Daily Allowance amount equivalent to Rs. 250/- per day, for the duration of Hospitalisation towards defraying of miscellaneous expenses.</p> <p>7. Ambulance charges in connection with any admissible claim limited to Rupees 1500/- or actual whichever is less for each claim.</p> <p>Note</p> <p>1. The Hospitalisation expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing. Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network.</p> <p>2. Hospitalisation expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person and within the overall Sum Insured(Basic plus Optional Extension, if applicable). For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalisation expenses and Daily Allowance.</p> <p>3. Pre-Hospitalisation and Post Hospitalisation expenses For 30 and 60 days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalisation expenses subject to the overall Sum Insured(Basic plus Optional Extension, if applicable) limit of the Policy. Any Nursing expenses during Pre and Post Hospitalisation will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified</p> <p>4. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursing and Domiciliary Hospitalisation, charges as detailed under Item (1) and (5), above, the specified percentages will be applied on the Basic Sum Insured only and not on the Cumulative Bonus amount or Optional Extension (Critical Illness) Sum Insured amount.</p>	<ul style="list-style-type: none">• Any type of Breast lumps. <p>However if these Disease are Pre-Existing at the time of Proposal then they will be falling under Exclusion (1) and will be covered after four continuous year of insurance with Us.</p> <p>4. Any expense incurred during the first two continuous years of operation of the insurance cover on treatment of the following Diseases :</p> <ul style="list-style-type: none">• Cataract, Benign Prostatic Hypertrophy• Hysterectomy for Menorrhagia or Fibromyoma• Hernia, Hydrocele.• Fistula in anus, Piles, Sinusitis• Choletithiasis and Cholecystectomy• Spondylosis / Spondiliitis – any type• Inter- vertebral Disc Prolapse (other than caused by an accident)• Knee replacement/ Joint Replacement/ Hip replacement (other than caused by an accident)• Osteoarthritis• Varicose Veins / Varicose Ulcers <p>However if these Diseases are Pre-Existing at the time of Proposal then they will be falling under Exclusion (1) and will be covered after four continuous year of Insurance with Us.</p> <p>5. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</p> <p>6. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .</p> <p>7. Cost of spectacles and contact lens or hearing aids.</p> <p>8. Dental treatment or surgery of any kind, unless requiring Hospitalisation.</p> <p>9. Convalescence, general debility, run down condition or rest cure, congenital Disease or defects or anomalies, sterility, venereal Disease, intentional self Injury and use of intoxicating drugs/alcohols.</p> <p>10. Any expense on treatment related to HIV, AIDS and all related medical conditions.</p>
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| <p>5. Cumulative Bonus: The Basic Sum Insured under the Policy shall be increased by 5% of the Basic Sum Insured at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Basic Sum Insured of the expiring Policy. The Optional Extension (Critical Illness) Sum Insured is not eligible for any Cumulative Bonus</p> <p>For Cumulative Bonus eligibility, the Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the entire Cumulative Bonus earned will lapse and be forfeited. Any Swasthya Kavach (Family Health Policy) Wider Plan cover thereafter will be treated as a fresh cover for the purposes of the Pre-existing Condition, 30 days Waiting Period and First Year Disease and First two continuous year Disease Exclusions.</p> <p>In case of a claim under the Policy (in respect of any Insured Person) which has earned Cumulative Bonus, the existing Cumulative Bonus will be reduced by 5% of Basic Sum Insured at the next renewal, subject to the stipulation that Basic Sum Insured shall be maintained.</p> <p>6. Cost of Health Check Up: Insured Persons shall be entitled for reimbursement of cost of medical check up once at the end of a block of every four claim-free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free Policies. This limit of 1% is applicable for all Insured Persons together.</p> | <p>11. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.</p> <p>12. Maternity expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.</p> <p>13. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</p> <p>14. Any expense on treatment of Insured Person as outpatient in a Hospital.</p> <p>15. Any expense on naturopathy, experimental or alternative medicine, procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</p> <p>16. Travel or transportation expenses, other than Ambulance service charges.</p> <p>17. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.</p> <p>18. External medical equipment of any kind used at home as Post Hospitalisation care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p> <p>19. Genetic disorders and stem cell implantation/ surgery.</p> <p>20. All non medical expenses including personal comfort and convenience items or services, such as telephone, , ayah/ barber or beauty services, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc..</p> <p>21. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</p> <p>22. First 10% of any admissible claim if he is suffering</p> |
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	<p>from either Diabetes or Hypertension and First 25% of the admissible claim amount in case he is suffering from both diabetes and hypertension. This provision is applicable only for claims arising out of Diabetes and/or Hypertension.</p> <p>23. Any expense under Domiciliary Hospitalisation for</p> <ul style="list-style-type: none"> • Pre and Post Hospitalisation treatment • Treatment of following Diseases: <ul style="list-style-type: none"> 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. All types of Psychiatric or Psychosomatic Disorders X. Pyrexia of unknown origin for less than 15 days XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis XII. Arthritis, Gout and Rheumatism XIII. Dental Treatment or Surgery
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II OPTIONAL EXTENSION (AVAILABLE WITH WIDER PLAN ONLY)

The following Optional Extension wording shall be applicable only if You have paid the additional premium as warranted by Us and We have confirmed them as covered by explicitly mentioning it in the Policy Schedule.

Critical Illness

1. If the Insured Person be diagnosed during the Period of Insurance as suffering from a Critical Illness as defined under the Policy, We shall reimburse Medically Necessary and Reasonable and Customary Charges incurred on expenses as listed under 'What Is Covered' up to an additional Sum Insured limit stipulated in the Policy Schedule (equal to Basic Cover Sum Insured). **This is the additional limit available to any of the Insured Persons severally or jointly and represents Our maximum liability under a Critical Illness claim and all Critical Illness claims in the aggregate in the Period of Insurance**
2. The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for Cumulative Bonus or for the limit for Room/ Board/ Nursing, Domiciliary Hospitalisation, Daily Allowance, Ambulance expenses and Cost of Health Check Up as stipulated under "What is Covered" of the Policy.
3. The other terms of coverage (What is Covered/ Not Covered) as detailed under Basic Cover will remain unaltered for this Optional Extension coverage.

**EMERGENCY ASSISTANCE SERVICES
AVAILABLE WITH BASE PLAN AND WIDER PLAN**

This Policy provides You, at no additional cost, whatsoever, a host of value added Emergency Medical Assistance and Emergency Personal Services as described below .The services are provided by Emergency Assistance Service Provider when You are traveling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for less than 90 days. **All services will be arranged**



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by Emergency Assistance Service Provider only. No claims for reimbursement of expenses incurred for services arranged by You will be entertained.

1. **Medical Consultation, Evaluation and Referral:** You have access to an Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
2. **Emergency Medical Evacuation:** If You have a medical emergency and an adequate medical facility is not available (as determined by the **Emergency Assistance Service Provider's** Physician and the Consulting Physician) proximate to where You are located, **Emergency Assistance Service Provider** will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
3. **Medical Repatriation:** When medically necessary, as determined by the **Emergency Assistance Service Provider's** Physician and the Consulting Physician, repatriation under medical supervision to Your address as mentioned in the Policy Schedule at such time as You are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising Your medical condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.
4. **Transportation to Join Patient:** Provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided You have travelled alone and You are required to be hospitalized for more than seven consecutive days. At Your request, **Emergency Assistance Service Provider** will also provide assistance with arrangements for the family member or the friend's accommodation. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
5. **Care and/or Transportation of Minor Children:** When Your minor child(ren) is left unattended as a result of Your medical situation, **Emergency Assistance Service Provider** will provide the child with transportation to home or to the home of a person designated by You living in the same city as Your address. If appropriate, an attendant will escort the child.
6. **Emergency Message Transmission:** **Emergency Assistance Service Provider** will receive and transmit emergency messages to/from home.
7. **Return of Mortal Remains:** In the event of death of Insured Person, **Emergency Assistance Service Provider** will arrange and pay for the return of mortal remains. **Emergency Assistance Service Provider** will render any assistance necessary in the transport including locating a local, Emergency Assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
8. **Emergency Cash Coordination:** **Emergency Assistance Service Provider** will assist in coordinating the transfer of emergency cash. Source of funds is solely Your responsibility

Conditions: The Emergency Assistance Services are available subject to certain limited exclusions as set forth below:

Emergency Assistance Service Provider **will not provide services in the following instances:**

- ◆ Travel undertaken specifically for securing medical treatment
- ◆ Services sought outside India.
- ◆ Injuries resulting from participation in acts of war or insurrection
- ◆ Commission of unlawful act(s) with malafide intent.
- ◆ Attempt at suicide /self inflicted injuries



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- ◆ Incidents involving the use of drugs, unless prescribed by a physician
- ◆ Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

Emergency Assistance Service Provider will not evacuate or repatriate an Insured Person in the following instances:

- ◆ Without medical authorization
- ◆ With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent You from continuing Your trip or returning home
- ◆ With a pregnancy term of over six months
- ◆ With mental or nervous disorders unless hospitalized

Specific Exclusions:

- ◆ Trips exceeding 90 days from declared residence without prior notification to Emergency Assistance Service Provider.
- ◆ Students at home/school campus address (as they are not considered to be in travel status)

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

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

All consulting physicians and attorneys are independent contractors and not under Our control or of **Emergency Assistance Service Provider**. We/ **Emergency Assistance Service Provider** are not responsible or liable for any malpractice committed by professionals rendering services to You.

You must reimburse **Emergency Assistance Service Provider** for any service rendered upon request, that is beyond the scope of this Policy. The liability to pay for such service and the charge applicable will be informed to You prior to provision of such service.

We shall not be held liable or responsible for any acts or omissions by **Emergency Assistance Service Provider** in connection with or arising from the rendering of services described above.

General Conditions (applicable to BASE PLAN as well as WIDER PLAN)

1. **Conditions Precedent**- Where this Policy requires You/your family member(s) named in the Schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times.
2. **Reasonable Precaution** You shall take all reasonable precaution to prevent Injury, illness, and Disease in order to minimize claims.
3. **Notice** You will give every notice and communication in writing to Our office at the address given in the schedule through which this insurance is effected.
4. **Disclosure to information norm** The Policy shall be void and all premium paid by You to Us be forfeited in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material fact.



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5. **Changes in Circumstances** You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about Insured Person(s) which may affect the insurance cover provided.
6. **Payment of Premium** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions, and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.
7. **Free Look Period:** The free look period shall be applicable at the inception of the policy and
 - i. The insured will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable;
 - ii. If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period
8. **Claim Procedure and Requirements**

Notification of Claim: 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 completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / 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 original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as 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 on any alleged Injury or Disease requiring Hospitalisation if and when We may reasonably require at Our cost.
9. **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.
10. **Contribution** If, when any claim arises, there is in existence any other Insurance (other than Cancer Insurance Policy) covering the same loss/liability, compensation, costs or expenses, We will pay only Our ratable proportion of the claim.
11. **Subrogation**
 - a. You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;
 - b. You shall not do or cause to be done anything that may cause any prejudice of Our right of Subrogation;
 - c. You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.
12. **Renewal** The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, We shall not be bound to give notice that such renewal premium is due, provided however that if You apply for renewal and remits the requisite premium before the expiry of this Policy, renewal shall not normally refused, unless the Company has reasonable justification to do so.

The Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the continuity benefits will not be available and any insurance cover thereafter will be treated as fresh cover. For the purposes, We shall not be liable to pay claim occurring during the period of break in insurance.



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13. **Cancellation** We will not ordinarily cancel the policy unless it is a case of mis-representation, concealment of material fact or fraudulent act of insured. In case of cancellation of the policy due to above reasons, policy shall be void and all premium paid hereon shall be forfeited to the Company and the same shall be communicated to you by sending a 15 (Fifteen) notice by registered Post to your last known address

You may cancel the Policy by sending at least 15(Fifteen) days written Notice to Us under Registered Post. We will then allow a refund on following scale provided there is no claim. Where claim is preferred, no refund will be made.

Period of Cover upto	Refund of Annual Premium rate (%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months	NIL

14. WE will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.
15. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996
It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.
It is understood, however, that the Insured shall have the right at all times during currency of the Policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance. Subject otherwise
16. **Disclaimer Clause** If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
17. **Protection of Policy Holder's Interest:-** In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30 days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7 days of Your acceptance of Our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.
18. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.
19. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
20. The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by **Emergency Assistance Service Provider** does not necessarily mean that the Hospitalization claim is admissible under the Policy.
21. **Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.

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22. **Withdrawal of Policy:** This product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.
23. **Portability**
- a. Portability shall be granted only to the Insured Person/s who is/are presently covered and were continuously covered without any lapses under any other similar health insurance plan with an Indian Non life/Health insurer in the past.
- b. In case portability is granted by us the proviso's regarding the waiting periods specified under Exclusion Nos 1,2,3 and 4 of the Policy stand modified as under in respect of such insured persons granted with portability.
- I. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy/Policies; AND
 - II. If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall apply only to the extent of the Sum Insured under the previous health insurance policy.
 - III. The reduction in the waiting period specified above shall be only if We have received the database and claim history from the previous Indian insurance company;
 - IV. We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver
24. **Grievance or Complaint:** You may register a grievance or complaint by visiting our Website www.itgi.co.in . You may also contact the Branches from where You have bought the policy or Grievance Officer who can be reached at our Corporate Office.
25. **Insurance Ombudsman:** If You are not satisfied with any issue pertaining to the insurance, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices is mentioned below:

Jurisdiction	Office Address
Delhi, Rajasthan	First Floor, Universal Insurance Building, 2/2A Asaf Ali Road, New Delhi 110002 Ph:23239611 /33 Fax: 23230858
West Bengal, Bihar	29, N.S. Road, Third Floor, Kolkata Ph:222 12669 Fax: 222 12668
Maharashtra	Jeevan Seva Annex, 3 rd floor, Above MTNL, SV Road, Santacruz (W) Mumbai 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, Fourth Floor, 312 Anna Salai, Chennai 600018
Andhra Pradesh	6-2-47, Yeturu Towers, A.C. Guards Lakdi-Ka-Pool, Hyderabad 500004
Gujarat	Second Floor, Shree Jayshree Ambica House, 5, Navyug College, Ashram Road, Ahmedabad 380014
Kerala, Karnataka	Pulinat Building, Second Floor, M.G. Road, Kochi 682015
North-Eastern States	Aquanus, Bhaskar Nagar, R.G. Baruah Road, Guwahati 781021
Uttar Pradesh	Chintal House, First Floor, 16 Station Road, Lucknow 226001



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

Madhya Pradesh	First Floor, 117 Zone 2, Maharana Pratap Nagar, Bhopal 462011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	Batra Building, Shop-cum-Office 101-103, Second floor, Sector 17D, Chandigarh
Orissa	62, Forest Park, Bhubaneswar 751009



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Health Insurance Guide Book

Contact Details:

24 Hour Call Center Toll Free Number: 1800 103 5499 (Toll free)
24 hour call center Tel Number: +91-124-4285499 (Chargeable)
9 AM to 9 PM Cashless Number: +91-124-4722020 (Chargeable)
Fax Number: +91-124-4722000 To 06
E-Mail: healthclaims@iffcotokio.co.in
Website: www.iffcotokio.co.in

This docket contains:

1. Member ID cards.
2. List of Network Hospitals
3. **List of Excluded Hospitals/Medical Practitioners.**

We have taken every care to ensure accuracy of information on the Cards. However you are requested to verify the same and in case of any discrepancy please get in touch with us through any of the above contact modes

Please read and understand the following carefully. This helps you to get best possible out of your policy and helps us in serving you better.

General

1. **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.
2. Please keep your ID card and Policy copy handy with you. Quote the numbers in all your correspondence. Produce the same to the hospital authorities at the time of admission. **Please also carry any other valid Photo ID Proof with you and submit a photo copy of the same to the hospital.**

If you are not in receipt of the ID card:

- Please call our call center and quote your policy number to get your member ID
- Visit our website www.iffcotokio.co.in, click on Health Insurance >> Claims >> Claims Serviced by IFFCO TOKIO directly >> Customer Login.



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- *Your member ID is your Login Id and password. Go to the face-sheet and click on the icon “print card”. You will be able to print an E-CARD.*

Please refer to the annexure attached for further information on access to Your Electronic Gateway.

3. Please inform **IFFCO-TOKIO** well in advance (at least 48 Hours before admission) about the hospitalization (Within 24 hours of admission, in case of Emergency Hospitalization). This ensures that the timely authorization for cashless is provided and the admission would be hassle free.
4. Provide all necessary details to **IFFCO-TOKIO**, which helps us in assessing the ailment and provide authorization quickly without a need to refer it back for clarification. Compulsorily provide your contact details to **IFFCO-TOKIO**.
5. **Please choose your hospital carefully.** Please note that the most popular one may not be the best for all procedures. Please also verify whether the hospital qualifies for admission in terms of the definition provided in the policy. Standard definition of the Hospital is provided here under for your ready reference.

Hospital: *A hospital 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:*

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 In-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Registration under various other entities like Shop and Establishment Act , Certificate by Chief Medical officer (CMO) of the district hospital etc. will not be valid.

Enactments specified under the Schedule of section 56 (1) of the clinical Establishments (Registration and Regulation) Act, 2010 referred above.

1. *The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.*
2. *The Bombay Nursing Homes Registration Act, 1949.*
3. *The Delhi Nursing Homes Registration Act, 1953.*
4. *The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (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.*

6. **Please choose your room carefully within your entitled limit.** Most of the policies contain a Room Rent limit with proportionate deduction clause. In case you avail a room higher than your eligibility, not only the excess room rent, but many other expenses like diagnostic charges, consultant visits, OT charges etc will be proportionately deducted. Please check your policy for the room rent limit, if any.
7. Try to negotiate the best possible rates with the hospital for your treatment as if you are un-insured. Please note that money saved for treatment will enhance your balance Sum Insured which may be useful in future.
8. Please follow the instructions of the treating doctor meticulously and do not forget to visit the doctor again as advised even though you feel that the illness is fully cured
9. Some common ailments / procedures not covered under the policy
 - a. Correction of vision (Lasik or other similar surgery) / Keratoconus etc and all types Laser treatments / surgeries for EYE which can be performed on OPD basis
 - b. Therapies Like Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy and similar, Hyperberic Oxygen Therapy and similar
 - c. External durables like (but not limited to): CPAP, Nebulizing machine, Oxygen cylinder, oxygen concentrator, ventilator
 - d. Intravitreal Injections / Interferon injections / Infliximab and like injections / Intra-articular injections.
 - e. Oral Chemotherapy and Intravenous Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting. For example: Intravenous Cyclophosphamide , Intravenous Methotraxamate, etc.
** Kindly refer policy document for complete list of exclusions*

Cashless Claims:

1. It is our endeavor to provide you cashless service all the time. However, please note that it may not be possible for IFFCO-TOKIO to provide authorization for Cashless facility at times due to various reasons like:
 - Where the intimation of claim/hospitalization has not been given in time.
 - Where sufficient medical /past insurance details are not available.
 - Where the reported symptoms /available medical inputs are inadequate /incomplete to determine the liability of insurer.
 - Where the reported ailment /treatment is excluded under the policy.



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- Where the admission is primarily for investigation purpose.
- Where the admission is less than 24 hours duration except for day care treatment as specifically stated in the policy.
- In case of personal information, policy and the coverage description differs with records registered with us.
- Where the hospital is removed from the Network
- Where the hospital does not fit into the definition of hospital (Refer to definition of hospital in policy).
- Where any information has been concealed or misrepresented on proposal form available on record.

This is only an indicative list of reasons but not exhaustive. Cashless authorization is done purely at the discretion of IFFCO TOKIO.

Please note that denial of cashless facility does not mean denial of treatment or denial of claim. You may go ahead with the treatment, settle the bills with hospital and claim for reimbursement of the expenses along with all necessary documents. IFFCO-TOKIO will consider the claim as per the terms and conditions of the policy and will settle the claim, if the same is admissible. (Please refer to Dos and Don'ts for Reimbursement Claims for more information)

2. Please note that Cashless facility shall be provided only if the hospital is in IFFCO-TOKIO's Network **at the time of admission**. For the updated list please visit our website or call our call center or contact our nearest office.
3. In case your cashless authorization is delayed, please check with TPA desk of hospital whether any queries raised by the Insurance Company are pending for reply.
4. Demand for the copy of final cashless authorization / denial from insurance company before making any payment to hospital and verify the same.
5. Please Inform **IFFCO-TOKIO** about the date and time of discharge as soon as the same is confirmed by the hospital, so to facilitate smooth cashless final approval. Please note it may take up to 4 Hrs to accord final cashless settlement.
6. Please demand for and verify the duly completed Bill from the hospital and sign the same, even though the same will be paid by us directly to the Hospital. Any erroneous entry in the bill could eat away your precious sum insured for the rest of the policy period.
7. Please collect copies of the Discharge Summary, Diagnostic Reports, Medical advice, bill and Cash receipts from the hospital without fail for your record.



Reimbursement Claims

1. Please collect and preserve Discharge Summary, Reports, Prescriptions, Bills and receipts in Original. Discharge summary and final bill should be as per the guidelines prescribed by IRDA. You may download the same from our website.
2. Please note that all Bills and cash memos should be supported by the doctor's prescription.
3. All bills towards diagnostics should be supported by reports.
4. Submit all the documents in one go along with a duly filled in claim form and a summary sheet **within 30 days from completion of treatment or 90 days from the date of discharge whichever is earlier.** Following is an indicative list of documents to be submitted:
 - a. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
 - b. Copy of Photo ID / Proof
 - c. Copy of Policy
 - d. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
 - e. Hospital Bill (Original Only)
 - f. Hospital Receipt (Original Only)
 - g. Investigation Reports with supporting prescriptions
 - h. Investigation Bills (Original Only)
 - i. Pharmacy Bills (Original Only)with supporting prescriptions
 - j. Any other Bills with supporting documents (Pl specify) (Original Only)
 - k. Summary of claim made providing details of Bill No, Date, Name of the Biller and Amount
 - l. All previous treatment papers related to Ailment.
 - m. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
 - n. KYC (know your customer) form, if claim is more than 1 lac
 - o. Any other document (Pl specify)
5. If IFFCO-TOKIO seeks any further clarification or documents in support of the claim, Please respond along with all supporting documents within **15 days** from the date of query.
6. Please quote Your ID card number and Policy Number in all correspondence.



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7. Please carry a copy of Sample Claim Form (Form A) along with you and get it filled up by the hospital before discharge.

EMERGENCY ASSISTANCE SERVICES (ASSIST AMERICA)

Assist America is an emergency assistance service provider. In India, this service is provided by AAEMSIL – Assist America Medical Services (India) Private Limited. It provides identified emergency medical assistance and personal services to people travelling more than 150 kilometers from their declared place of residence in India. IFFCO TOKIO has tied up with AAEMSIL to provide some of the emergency assistance services to its Individual Medishield, Swasthya Kavach and Comprehensive Accidental Hospitalization Policy holders.

Assist America takes care of following emergency assistance services, wherever the facility is extended under your policy

Medical Consultation, Evaluation and Referral
Emergency Medical Evacuation
Medical Repatriation
Transportation to Join Patient
Care and/or Transportation of Minor Children
Emergency Message Transmission
Return of Mortal Remains
Emergency Cash Coordination (Source of funds in solely responsibility of insured)

Note: The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalization claim is admissible under the Policy.

EMERGENCY ASSISTANCE SERVICES (Assist America) Telephone No: +91-40-23300654 / 55

For more details, you may visit www.assistamerica.com or call Toll Free 1800 425 2955

YOUR HEALTH IS OUR HAPPINESS – WISHING YOU A LONG AND HEALTHY LIFE

Disclaimer - This communication is only informative. Please refer to policy document for full information and the wording of policy (English Version) will only hold good for all legal matters.

Guide to Your Electronic Gateway

In our Endeavour to serve you better, we have created an electronic gate way to all your requirements. This helps you to access most of your information with great ease like the following.

1. Viewing and Printing of E-Card
2. Information on your Policy Terms and conditions
3. Updated Status on Your Claim
4. Guide Book
5. Network Hospital List

and many more.....

Swasthya Kavach (Family Health)Policy
UIN:IRDA/NL-HLT/ITGI/P-H/V.I/52/14-15
Policy Wordings
Iffco Tokio General Insurance Co. Ltd.



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ANNEXURE

How to access the portal?

Please log in to our website – www.iffcotokio.co.in -> Health Insurance -> Claims

Please Click on “Claims Serviced by IFFCO TOKIO directly”

- Please click on the relevant link to download any of the documents listed.
- Please click on Customer Login Link to view your personal data or to print E-Card

Swasthya Kavach (Family Health)Policy
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Policy Wordings
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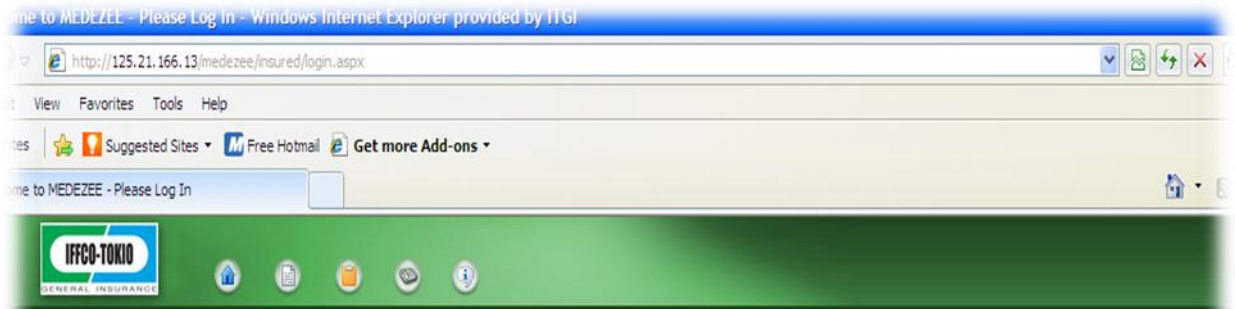
The screenshot shows the IFFCO-TOKIO website interface. At the top, there is a navigation menu with links for Business Products, Micro & Rural Insurance, Speciality Insurance, About Us, Agents, Careers, and CSR. A search bar is located on the right. Below the navigation menu, there are tabs for Motor Insurance, Health Insurance, Travel Insurance, Home Insurance, Other Insurance, Customer Services, Claims, and Contact Us. The main content area is titled 'Claims Serviced By IFFCO TOKIO Directly'. On the left, there is a 'LOGIN' section with a red arrow pointing to the 'Customer Login' link. Below the login section is a 'DOWNLOADS' section with links for Guidebook, Claim Form, and Cashless Request Form. On the right, there are contact options: 'Call us at 1-800-103-5499 (Toll free)' and 'SMS 'CONTACT' at 66677'. Below these are 'Quick Links' for Pay Premium, Contact Us, and Branch Locator. A 'Feedback' button is visible on the far right.

- Your Login Name is your ID card Number as displayed on your ID card. In case you do not have ID card Number, please contact our call centre at 18001035499.*
- Please enter the same ID as Your Password, if you are logging in for the first time. You will be asked to change the password after the first log in. Please remember your password once it is changed. In case*



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you forget the password please get in touch with our call center.



Insured Log - in

Please enter your Log-in Name and Password to access MEDEZEE

Login Name

Password

[Reset Password](#)

Demographic Details

Welcome, Munish .

My Profile

	Name : Munish .	Member ID : 12-00036379-00
	Address : Kovilambakkam, Chennai Chennai, 12 - 600080	Date of Birth : 06/03/1980
	Phone : (011) -22 - 22222	
	Email : abc@xyz.com	

Please contact your medical group for questions or to update your information.

Cashless Approvals

My Recent Approvals

- You are approved for Conservative management with Max Super Speciality Hospital on 07 Mar 2012.
- You are approved for Conservative management with Max Super Speciality Hospital on 07 Mar 2012.

Claims' Update

My Claims

- We Received your Claim for 10000.00 INR on 07 Mar 2012 for your visit to Max Super Speciality Hospital. Your Claim Reference # is 2012372262.C20

My Links

- [My FaceSheet](#)

Click here for members' detail & E-card

My Visits

- You have visited Max Super Speciality Hospital on 07 Mar 2012. Total billed amount is 27750.00 INR.
- You have visited Max Super Speciality Hospital on 07 Mar 2012. Total billed amount is 10000.00 INR.

My Family

	Name : Neelu .
	Age : 32
	Gender : F
	Relationship : Spouse View More

	Name : Nisha M
	Age : 10
	Gender : F
	Relationship : Child View More



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STANDARD DISCHARGE SUMMARY:

A discharge summary should cover following contents, so that the interpretation of the terms in the document and the information provided has uniformity.

STANDARD CONTENTS OF DISCHARGE SUMMARY FORMAT:

- a. Patient's Name*:
- b. Telephone No / Mobile No*:
- c. IPD No:
- d. Admission No:
- e. Treating Consultant/s Name, contact numbers and Department/Specialty:
- f. Date of Admission with Time:
- g. Date of Discharge with Time:
- h. MLC No/FIR No*:
- i. Provisional Diagnosis at the time of Admission:
- j. Final Diagnosis at the time of Discharge:
- k. ICD-10 code(s) or any other codes, as recommended by the Authority, for Final diagnosis*:
- l. Presenting Complaints with Duration and Reason for Admission:
- m. Summary of Presenting Illness:
- n. Key findings, on physical examination at the time of admission:
- o. History of alcoholism, tobacco or substance abuse, if any:
- p. Significant Past Medical and Surgical History, if any*:
- q. Family History if significant/relevant to diagnosis or treatment:
- r. Summary of key investigations during Hospitalization*:
- s. Course in the Hospital including complications if any*:
- t. Advice on Discharge*:
- u. Name & Signature of treating Consultant/ Authorized Team Doctor:
- v. Name & Signature of Patient / Attendant*:

* refer to guide notes below:

GUIDE NOTES FOR FILLING DISCHARGE SUMMARY FORMAT:

- a. The patient's name shall be the official name as appearing in the insurance policy document and the attendants should be made aware that it cannot be changed subsequently, because in some cases the attendants give the nick names which are different from documented names. As a matter of abundant precaution, all personal information should be shown to the patient/attendant and validated with their signatures.
- b. The contact numbers shall be specifically those of the patient and if pertaining to attendant, the same should be mentioned.
- c. Where applicable, copy of MLC/FIR needs to be attached
- d. Desirable not mandatory
- e. Significant past medical and surgical history shall be relevant to present ailment and shall provide the summary of treatment previously taken, reports of relevant tests conducted during that period. In case history is not given by patient, it should be specified as to who provided the same.
- f. Summary of key investigations shall appear chronologically consolidated for each type of investigation. If an investigation does not seem to be a logical requirement for the main disease/line of treatment, the admitting consultant should justify the reason for carrying out such test/investigation.
- g. The course in the hospital shall specify the line of treatment, medications administered, operative procedure carried out and if any complications arise during course in the hospital, the same should be specified. If opinion from another doctor from outside hospital is obtained, reason for same should be mentioned and also who decided to take opinion i.e. whether the admitting and treating consultant wanted the opinion as additional expertise or the patient relatives wanted the opinion for their reassurance.
- h. Discharge medication, precautions, diet regime, follow up consultation etc should be specified. If patient suffers from any allergy, the same shall be mentioned.
- i. The signatures/Thumb impression in the Discharge Summary shall be that of the patient because generally the patient is discharged after having improved. In other cases like Death summary or transfer notes in case of terminal illness, the attendant can sign, the inability of the patient to sign should be recorded by the attending doctor.



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DAY CARE PROCEDURES	
ENT: Operation of the ear	Procedures on the digestive tract
1 Stapedotomy or Stapedectomy	82 Sclerotherapy
2 Myringoplasty (Type -I Tympanoplasty)	83 Therapeutic Ascitic Tapping
3 Tympanoplasty (closure of an eardrum perforation)	84 Endoscopic ligation /banding
4 Reconstruction and other Procedures of the auditory ossicles	85 Dilatation of digestive tract strictures
5 Myringotomy	86 Endoscopic ultrasonography and biopsy
6 Removal of a tympanic drain	
7 Mastoidectomy	Replacement of Gastrostomy tube
8 Reconstruction of the middle ear	87 Endoscopic decompression of colon
9 Fenestration of the inner ear	88 Therapeutic ERCP
10 Incision (opening) and destruction (elimination) of the inner ear	89 Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
	90 Endoscopic Gastrostomy
ENT: Procedures on the nose & the nasal sinuses	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
11 Excision and destruction of diseased tissue of the nose	92 Endoscopic Drainage of Pseudopancreatic cyst
12 Procedures on the turbinates (nasal concha)	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
13 Nasal sinus aspiration	Procedures on the female sexual organs
	94 Incision of the ovary
ENT: Procedures on the tonsils & adenoids	95 Insufflation of the Fallopien tubes
14 Transoral incision and drainage of a pharyngeal abscess	96 Dilatation of the cervical canal
15 Tonsillectomy and / or adenoidectomy	97 Conisation of the uterine cervix
16 Excision and destruction of a lingual tonsil	98 Incision of the uterus (hysterotomy)
17 Quinsy drainage	99 Therapeutic curettage
	100 Culdotomy
OPHTHALMOLOGY: Procedures on the eyes	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
18 Incision of tear glands	102 Procedures on Bartholin's glands (cyst)
19 Excision and destruction of diseased tissue of the eyelid	103 Endoscopic polypectomy
20 Procedures on the canthus and epicanthus	104 Myomectomy , hysterscopic or laparoscopic biopsy or removal
21 Corrective surgery for entropion and ectropion	
22 Corrective surgery for blepharoptosis	Procedures on the prostate & seminal vesicles
23 Removal of a foreign body from the conjunctiva	105 Incision of the prostate
24 Removal of a foreign body from the cornea	106 Transurethral excision and destruction of prostate tissue
25 Incision of the cornea	107 Open surgical excision and destruction of prostate tissue
26 Procedures for pterygium	108 Radical prostatovesiculectomy
27 Removal of a foreign body from the lens of the eye	109 Incision and excision of periprostatic tissue
28 Removal of a foreign body from the posterior chamber of the eye	
29 Removal of a foreign body from the orbit and eyeball	Procedures on the scrotum & tunica vaginalis testis
30 Operation of cataract	110 Incision of the scrotum and tunica vaginalis testis
31 Chalazion removal	111 Operation on a testicular hydrocele
32 Glaucoma Surgery	112 Excision and destruction of diseased scrotal tissue
33 Surgery for Retinal detachment	113 Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the skin & subcutaneous tissues	Procedures on the testes
34 Incision of a pilonidal sinus	114 Incision of the testes
35 Other incisions of the skin and subcutaneous tissues	115 Excision and destruction of diseased tissue of the testes
36 Surgical wound toilet (wound debridement)	116 Orchidectomy- Unilateral / Bilateral
37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues	117 Orchidopexy

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38 Simple restoration of surface continuity of the skin and subcutaneous tissues	118 Abdominal exploration in cryptorchidism
39 Free skin transplantation, donor site	119 Surgical repositioning of an abdominal testis
40 Free skin transplantation, recipient site	120 Reconstruction of the testis
41 Revision of skin plasty	121 Implantation, exchange and removal of a testicular prosthesis
42 Restoration and reconstruction of the skin and subcutaneous tissues	
43 Chemosurgery to the skin	Procedures on the spermatic cord, epididymis and Ductus Deferans
44 Excision of Granuloma	122 Surgical treatment of a varicocele and hydrocele of spermatic cord
45 Incision and drainage of abscess	123 Excision in the area of the epididymis
	124 Epididymectomy
Procedures on the tongue	125 Reconstruction of the spermatic cord
46 Incision, excision and destruction of diseased tissue of the tongue	126 Reconstruction of the ductus deferens and epididymis
47 Partial glossectomy	
48 Glossectomy	Procedures on the penis
49 Reconstruction of the tongue	127 Procedures on the foreskin
	128 Local excision and destruction of diseased tissue of the penis
Procedures on the salivary glands & salivary ducts	129 Amputation of the penis
50 Incision and lancing of a salivary gland and a salivary duct	130 Plastic reconstruction of the penis
51 Excision of diseased tissue of a salivary gland and a salivary duct	
52 Resection of a salivary gland	Procedures on the urinary system
53 Reconstruction of a salivary gland and a salivary duct	131 Cystoscopic removal of stones
	132 Lithotripsy
Procedures on the mouth & face	133 Haemodialysis
54 External incision and drainage in the region of the mouth, jaw and face	134 PCNS (Percutaneous nephrostomy)
55 Incision of the hard and soft palate	135 PCNL (Percutaneous Nephro-Lithotomy)
56 Excision and destruction of diseased hard and soft palate	136 Tran urethral resection of bladder tumor
57 Incision, excision and destruction in the mouth	137 Suprapubic cystostomy
58 Plastic surgery to the floor of the mouth	
59 Palatoplasty	Procedures of Respiratory System
	138 Brochosopic treatment of bleeding lesion
Trauma surgery and orthopaedics	139 Brochosopic treatment of fistula /stenting
60 Incision on bone, septic and aseptic	140 Bronchoalveolar lavage & biopsy
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	141 Direct Laryngoscopy with biopsy
62 Suture and other Procedures on tendons and tendon sheath	142 Therapeutic Pleural Tapping
63 Reduction of dislocation under GA	
64 Arthroscopic knee aspiration	Procedures of Heart and Blood vessels
65 Aspiration of hematoma	143 Coronary angiography (CAG)
66 Excision of dupuytren's contracture	144 Coronary Angioplasty (PTCA)
67 Carpal tunnel decompression	145 Insertion of filter in inferior vena cava
68 Surgery for ligament tear	146 TIPS procedure for portal hypertension
69 Surgery for meniscus tear	147 Blood transfusion for recipient
70 Surgery for hemoarthrosis/pyoarthrosis	148 Therapeutic Phlebotomy
71 Removal of fracture pins/nails	149 Pericardiocentesis
72 Removal of metal wire	150 Insertion of gel foam in artery or vein
73 Joint Aspiration - Daignostic / therapeutic	151 Carotid angioplasty
	152 Renal angioplasty
Procedures on the breast	153 Varicose vein stripping or ligation
74 Incision of the breast	



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	OTHER Procedures
75 Procedures on the nipple	
76 Excision of breast lump /Fibro adenoma	154 Radiotherapy for Cancer
	155 Cancer Chemotherapy
Procedures on the digestive tract	156 True cut Biopsy
77 Incision and excision of tissue in the perianal region	157 Endoscopic Foreign Body Removal
78 Surgical treatment of anal fistulas	158 Vaccination / Inoculation - Post Dog bite or Snake bite
79 Surgical treatment of haemorrhoids	159 Endoscopic placement/removal of stents
80 Division of the anal sphincter (sphincterotomy)	160 Tumor embolisation
81 Ultrasound guided aspirations	161 Aspiration of an internal abscess under ultrasound guidance



LIST OF NON PAYABLE ITEMS	
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1 HAIR REMOVAL CREAM	41 GUEST SERVICES
2 BABY CHARGES (UNLESS SPECIFIED/INDICATED)	42 BED PAN
3 BABY FOOD	43 BED UNDER PAD CHARGES
4 BABY UTILITES CHARGES	44 CAMERA COVER
5 BABY SET	45 CLINIPLAST
6 BABY BOTTLES	46 CREPE BANDAGE
7 BRUSH	47 CURAPORE
8 COSY TOWEL / TOWEL	48 DIAPER OF ANY TYPE
9 HAND WASH	49 DVD, CD CHARGES
10 M01STUR1SER PASTE BRUSH	50 EYELET COLLAR
11 POWDER	51 FACE MASK
12 RAZOR	52 FLEXI MASK
13 SHOE COVER	53 GAUSE SOFT
14 BEAUTY SERVICES	54 GAUZE
15 BELTS/ BRACES	55 HAND HOLDER
16 BUDS	56 HANSAPLAST/ADHESIVE BANDAGES
17 BARBER CHARGES	57 INFANT FOOD
18 CAPS	58 SLINGS
19 COLD PACK/HOT PACK	ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES
20 CARRY BAGS	59 WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
21 CRADLE CHARGES	60 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC
22 COMB	61 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
23 DISPOSABLES RAZORS CHARGES (for site preparations)	62 HORMONE REPLACEMENT THERAPY
24 EAU-DE-COLOGNE / ROOM FRESHNERS	63 HOME VISIT CHARGES
25 EYE PAD	64 INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
26 EYE SHEILD	65 OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY
27 EMAIL / INTERNET CHARGES	66 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy unless
28 FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	67 CORRECTIVE SURGERY FOR REFRACTIVE ERROR
	68 TREATMENT OF SEXUALLY TRANSMITTED DISEASES



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	69 DONOR SCREENING CHARGES
29 FOOT COVER	70 ADMISSION/REGISTRATION CHARGES
30 GOWN	71 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
31 LEGGINGS	72 EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
32 LAUNDRY CHARGES	73 ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
33 MINERAL WATER	74 STEM CELL IMPLANTATION/ SURGERY and storage
34 OIL CHARGES	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS
35 SANITARY PAD	75 WARD AND THEATRE BOOKING CHARGES
36 SLIPPERS	76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
37 TELEPHONE CHARGES	77 MICROSCOPE COVER
38 TISSUE PAPER	78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
39 TOOTH PASTE	79 SURGICAL DRILL
40 TOOTH BRUSH	80 EYE KIT
81 EYE DRAPE	121 MEDICAL CERTIFICATE
82 X-RAY FILM	122 MAINTENANCE CHARGES
83 SPUTUM CUP	123 MEDICAL RECORDS
84 BOYLES APPARATUS CHARGES	124 PREPARATION CHARGES
85 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	125 PHOTOCOPIES CHARGES
86 Antiseptic or disinfectant lotions Not Payable	126 PATIENT IDENTIFICATION BAND / NAME TAG
87 BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	127 WASHING CHARGES
88 COTTON	128 MEDICINE BOX
89 COTTON BANDAGE	129 MORTUARY CHARGES
90 MICROPORE/ SURGICAL TAPE	130 MEDICO LEGAL CASE CHARGES (MLC CHARGES)
91 BLADE	EXTERNAL DURABLE DEVICES
92 APRON	131 WALKING AIDS CHARGES
93 TORNIQUET	132 BIPAP MACHINE
94 ORTHOBUNDLE, GYNAEC BUNDLE	133 COMMODE
95 URINE CONTAINER	134 CPAP/ CAPD EQUIPMENTS
ELEMENTS OF ROOM CHARGE	135 INFUSION PUMP
96 LUXURY TAX	136 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)

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97 HVAC Part of room charge not	137 PULSEOXIMETER CHARGES
98 HOUSE KEEPING CHARGES	138 SPACER
99 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	139 SPIROMETRE
100 TELEVISION & AIR CONDITIONER CHARGES	140 SP02 PROBE
101 SURCHARGES	141 NEBULIZER KIT
102 ATTENDANT CHARGES	142 STEAM INHALER
103 IM IV INJECTION CHARGES	143 ARMSLING
104 CLEAN SHEET	144 THERMOMETER
105 EXTRA DIET OF PATIENT	145 CERVICAL COLLAR
106 BLANKET/WARMER BLANKET	146 SPLINT
ADMINISTRATIVE OR NON-MEDICAL CHARGES	147 DIABETIC FOOT WEAR
107 ADMISSION KIT	148 KNEE BRACES (LONG/ SHORT/ HINGED)
108 BIRTH CERTIFICATE	149 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
109 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	150 LUMBOSACRAL BELT
110 CERTIFICATE CHARGES	151 NIMBUS BED OR WATER OR AIR BED CHARGES
111 COURIER CHARGES	152 AMBULANCE COLLAR
112 CONVENYANCE CHARGES	153 AMBULANCE EQUIPMENT
113 DIABETIC CHART CHARGES	154 MICROSHEILD
114 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	155 ABDOMINAL BINDER
115 DISCHARGE PROCEDURE CHARGES	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION
116 DAILY CHART CHARGES	156 BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ \DISINFECTANTS ETC
117 ENTRANCE PASS / VISITORS PASS CHARGES	157 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
118 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	158 NUTRITION PLANNING CHARGES
119 FILE OPENING CHARGES	159 SUGAR FREE Tablets Payable -S u g a r free
120 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	160 CREAMS POWDERS LOTIONS
161 Digestion gels	180 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
162 ECG ELECTRODES	181 EXAMINATION GLOVES
163 GLOVES Sterilized Gloves	182 KIDNEY TRAY
164 HIV KIT	183 MASK
165 LISTERINE/ ANTISEPTIC MOUTHWASH	184 OUNCE GLASS
166 LOZENGES	185 OUTSTATION CONSULTANT'S/ SURGEON'S FEES



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167 MOUTH PAINT	186 OXYGEN MASK
168 NEBULISATION KIT If used d u rin g	187 PAPER GLOVES
169 NOVARAPID	188 PELVIC TRACTION BELT
170 VOLINI GEL/ ANALGESIC GEL	189 REFERAL DOCTOR'S FEES
171 ZYTEE GEL	190 ACCU CHECK (Glucometry/ Strips)
172 VACCINATION CHARGES Routine Vaccination not PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE	191 PAN CAN
173 AHD	192 SOFNET
174 ALCOHOL SWABES	193 TROLLY COVER
175 SCRUB SOLUTION/STERILLIUM	194 UROMETER, URINE JUG
OTHERS	195 AMBULANCE
176 VACCINE CHARGES FOR BABY	196 TEGADERM / VASOFIX SAFETY Payable - maximum o f 3
177 AESTHETIC TREATMENT / SURGERY	197 URINE BAG
178 TPA CHARGES	198 SOFTOVAC
179 VISCO BELT CHARGES	199 STOCKINGS Essential for case like CABG etc. where it should be paid