

Corona Kavach Policy, ICICI Lombard

PROSPECTUS

What is covered?

The Policy provides indemnification of Medical Expenses incurred by You during Your Hospitalization, for COVID during the Policy period.

Base Cover

- Covid Hospitalization Cover:** We will pay You for the Hospitalization expenses incurred by You during the policy period for the treatment of Covid on positive diagnosis of Covid in a government authorized diagnostic center including the expenses incurred on any co-morbidity along with the treatment for Covid up to the sum insured specified in the policy schedule, These expenses will include:
 - Room Rent, Boarding, Nursing Expenses as provided by the Hospital/Nursing home.
 - Intensive care unit (ICU)/Intensive cardiac care unit (ICCU) expenses.
 - Surgeon, Anesthetist, Medical practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/surgeon or to the hospital.
 - Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, Ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
 - Road Ambulance subject to a maximum of ₹2000/- per hospitalization
- Home care Treatment Expenses:** We will pay You for the treatment availed at home for Covid, which in normal course would require care and treatment at a hospital but is taken at home maximum up to 14 days per incident provided
 - The same is advised by the medical practitioner.
 - There is a continuous active line of treatment with monitoring of health status by a medical practitioner for each day through the duration of the treatment.
 - Daily monitoring chart, records of treatment administered and duly signed by the doctor is maintained. Etc
 - Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
 - In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the insurer needs to be taken before availing such services.
- AYUSH Treatment:** We will pay You for expenses incurred for inpatient treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy (AYUSH) up to the limit as specified in the policy schedule.
- Pre Hospitalisation:** We will pay You pre-hospitalisation/home care treatment medical expenses incurred related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalisation covered under the policy
- Post Hospitalization expenses:** We will pay You post-hospitalisation /home care treatment medical expenses incurred related to an admissible hospitalization/home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalisation covered under the policy.

Optional Cover:

- Hospital Daily Cash:** We will pay you 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Hospitalisation Cover

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The total amount payable in respect of covers shall not exceed 100% of the sum insured during a policy period.

Salient Features:

- Family Floater Benefit:** You can avail a floater cover and get Your immediate family (self, legally wedded spouse, parents, parents-in-law, dependent children between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, He/She shall be ineligible for coverage) covered for the same sum insured under a single Policy by paying one premium amount.
- Cashless Hospitalization:** You can avail of cashless Hospitalization at any of our network providers/ hospitals. A list of these hospitals/ providers will be sent to You along with Your Policy.
- Tax Benefit:** You can avail of tax benefit on premiums paid under Health sections of this Policy, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter.
- Policy Period:** The Policy period offered shall be of three and half months (3 ½ months), six and half months (6 ½ months) and nine and half months (9 ½ months) including waiting period.
- Eligibility:**
 - Entry Age - This Policy can be offered to an individual with age between 18 years and 65 years, as a proposer. Proposer with higher age can obtain policy for family without covering self.
 - Dependent child/Children between day 1 of age to 25 years can be insured under a floater plan. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
- Annual Sum Insured:** This denotes the maximum amount of cover available to You for a Policy Period of one year.
 Minimum Sum Insured: ₹ 50,000 (Fifty Thousand only)
 Maximum Sum Insured: ₹ 5,00,000 (5 lakh) (in multiples of fifty thousand)
- Premium calculation:** In a family floater policy, the age of the eldest member will be considered while computing premium for all the members covered under the family floater. Other factors determining premium are addition/deletion of any optional covers, change in policy conditions such as tenure, increase or decrease in sum insured opted for and change in any tax laws by the government and health status of the individual being insured.
- In case of declaration of any pre-existing diseases, the proposal may be accepted or rejected basis the underwriting decision

First Fifteen Days Waiting Period

Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded

What is not covered?

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

- Investigation & Evaluation(Code- Excl04)**
 - Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
- Rest Cure, rehabilitation and respite care(Code- Excl05)**

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

 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- Dietary supplements** and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or home care treatment.

4. Unproven Treatments:(Code- Exc116)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered

5. Any claim in relation to Covid where it has been diagnosed prior to policy start date.
6. Any expenses incurred on Day care treatment and OPD treatment
7. Diagnosis/Treatment taken outside the geographical limits of India
8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy.
9. All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India

How to make a claim?

Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre authorization by the Company,
- ii. Cashless request form available with the network provider shall be completed and sent to the Company for authorization.
- iii. The Company upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
3	Reimbursement of Home care expenses	Within thirty days from completion of home care treatment.

Notification of Claim

Notice with full particulars shall be sent to the Company as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	<ol style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioner's prescription advising admission v. Original bills with itemized break-up

	<ol style="list-style-type: none"> vi. Payment receipts vii. Discharge summary including complete medical history of the patient along with other details. viii. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable x. Sticker/Invoice of the Implants, wherever applicable. xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii. Legal heir/succession certificate, wherever applicable xiv. Any other relevant document required by Company/TPA for assessment of the claim.
2. Home Care treatment expenses	<ol style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioners' prescription advising hospitalization v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit. vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

Claim Settlement (provision for Penal Interest)

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

Payment of Claim

All claims under the policy shall be payable in Indian currency only.

Endorsements (Changes in Policy)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed during the policy period only in case of his/her demise or him/her moving out of India, The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any).

Renewal

Not applicable

Migration and Portability

Not applicable

Free Look Period

Not applicable

Cancellation

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by You, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

Redressal of Grievance

- In case of any grievance relating to servicing the Policy, You may submit in writing to the Policy issuing office or regional office for redressal. For details of grievance officer, kindly refer our website www.icicilombard.com
- **Toll free number:** 1800 2666
- **E-mail** - customersupport@icicilombard.com
- **Courier:** write to us at " **ICICI Lombard General Insurance Company Ltd.** ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025"
- IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>
- Insurance Ombudsman –You may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided in the policy wordings

Annexure:

Rate charts for Individual and Floater policies are attached.

List of Non payable items.

**ICICI Lombard General Insurance Company Limited**

Mailing Address: Interface Building No. 16, 601-602, 6th Floor, New Link Road, Malad (West), Mumbai - 400 064.

Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Toll Free No.: 1800 2666 • **Chargable No.:** +91 86 55 222 666

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