

<b>Phase – I: Policy Conditions* (31-Oct-15 to 30-Oct-16)</b>	
Pre-Post Hospitalization	Pre Hospitalization and Post Hospitalization for 30 days & 60 days respectively are covered.
Sum Insured	SI is restricted to Rs. 2L, 5L, 10L Per Family during the policy period. Sum Insured 2 Lacs - (Floater for 1+5 and Non-floater for Self only), Sum Insured 5 Lacs -Floater, Sum Insured 10 Lacs - Floater  <b>Imp</b> - Proposer with age more than 40 years can't opt for Sum Insured of Rs.2 Lacs(Non Floater), they can either select Rs.5 Lacs S.I. or Rs.10 Lacs or Rs. 2Lacs (Floater)
Definition of New Lives	Lives enrolling for the first time in the policy including newly added dependents of existing proposers (i.e. proposers already covered in National Phase I policy). Date of Joining Post 31 <sup>st</sup> October 2015.
Room Rent	SI Rs 200,000-Normal-cap Rs 2500, ICU-cap Rs 4000 SI Rs 500,000-Normal-cap Rs 2500, ICU-cap Rs 4000 SI Rs 1,000,000-Normal-cap Rs 3500, ICU-cap Rs 4000 (Room rent limit inclusive of nursing charges) If insured is admitted in a higher category, then insured will bear difference of all medical expenses as in final hospital bill in same proportion.
Family Definition	Employee, Spouse, 2 Dependent Children upto age 25 yrs, Dependent parents or Parents In-law covered under policy. Either set of two Parents / Two In laws will be covered. Maximum 5 Dependents allowed in a family floater. Entry age of Proposer should be between 18 to 80 years. First year entry age is upto 80 years & upon renewal they can continue in the policy till life time. <b>Imp</b> - Apart from family size of 1+5, third and fourth child can be enrolled as a proposer even if the age is less than 18 years only if the family gets covered under the family floater option.
Maternity Benefit	For Metro Rs. 30,000 for normal & Rs. 35,000 for C Section & For Non Metro Rs. 30,000 for normal & Rs. 35,000 for C Section subject to First 2 children. <b>Imp</b> - 9 months waiting period for maternity waived off for existing members enrolled under National Policy between 31-Oct-2014 – 30-Oct-2015, but applicable for fresh lives enrolled for the first time post Oct 31, 2015
Baby Day 1	Baby covered from 1 day Upto the family SI <b>Imp</b> - New born claim will be on reimbursement basis up till enrolment.
Pre/Post Natal Expenses	Pre-Post Natal Expenses to the limit is covered within Maternity limit (Only IPD basis)
Co-Payment	10% on each and every pre-existing ailment excluding capped ailments.
Ambulance Service	Ambulance Charges limited to Rs.2500 Per case.
Day care Procedures	Day Care Procedures are covered as per standard list.
Domiciliary Hospitalization	Covered upto 20% of Sum Insured.
Mid term Inclusion	Not allowed. However Mid-term inclusion of spouse on account of marriage and new born children during the policy term provided the maximum family size permits subject to declaration of the same within 30 days.  <b>IMP</b> - The insured has to approach broker for inclusion.

Claim Intimation	Claim must be intimated within 7 Days from Date of Admission. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit. The claim would invite additional 10% co-payment over and above payable amount as per policy terms and conditions.
Document Submission	Claim must be filed within 60 Days from Date of Discharge. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit. The claim would invite additional 10% co-payment over and above payable amount as per policy terms and conditions.
Joint Replacements	Joint Replacement covered from day 1 with a cap of Rs.1.25 Lacs Per joint for existing members covered under Phase I of National Policy(existing members enrolled between 31 Oct'14 - 30 Oct'15), but waiting period of 1 year will be applicable for fresh lives as defined above)
Definition of PED	For existing members covered under Phase I National Policy (31 Oct'14 - 30 Oct'15), PED will be considered only if the ailment / Disease is diagnosed before National Policy inception i.e. before 31-Oct-2014; however ailments / Disease diagnosed during Policy period of National will not be considered as PED. For Fresh members enrolled (lives enrolled for the first time in the policy), if any disease is diagnosed before 31 Oct 2015 that will be considered as PED
Disease wise sub limits.	CABG (coronary artery bypass graft ) : 2,50,000 Valve Replacement: 2,00,000 PTCA (Percutaneous transluminal coronary angioplasty) : 1,75,000 Cholecystectomy: 40,000 Hysterectomy: 40,000 Appendisectomy: 40,000 Cataract: 25,000 Fistula: 30,000 Hernia: 30,000 CAG (Coronary Angiography): 18,000 Anaemia: 50,000 Dialysis - Per family per annum limit only for PED claims: 35,000 50% co-pay on neoplasm (only for PED claims as defined hereunder) All disease-wise capping mentioned is for complete treatment incl. implant cost, etc
Deductible	Deductible of Rs.5,000 for each & every claim above Rs.50,000 excluding 13 capped ailments mentioned under disease wise sub limits and PED claims
Documents required for processing claims (Cashless and Reimbursement)	1. Relationship proof such as ration card will be required for all claims. 2. JIO Id / SA ID number required for all claims.
Deletion of lives	Deletion of lives will not be allowed in the policy.

<p>Other Condition</p>	<p>1.Organ Transplant: Hospitalization expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the insured person. The Company's liability towards expenses incurred on the donor and the insured recipient shall not exceed the sum insured of the insured person receiving the organ.</p> <p>2. Terrorism is covered.</p> <p>3. Dental Treatment: Covered if due to accident &amp; required 24 hrs hospitalization.</p> <p>4. AYUSH treatment (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy: Covered up to Rs.10,000 per claim maximum up to Rs. 20,000 per family per year, herein 24 hours hospitalization is mandatory &amp; Treatment taken in Government Hospital/Institute only are covered)</p> <p>5.Admission Fees, Surcharge, Service tax, miscellaneous charges: Payable only as per IRDA health regulations</p>
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\*Pls approach to ICICI Lombard Call Centre for further details of policy terms & condition.