

Phase – II : Policy Conditions* (31-Mar-16 To 30-Mar-17)	
Pre-Post Hospitalization	Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered.
Sum Insured	SI is restricted to 'Rs.' 2L, 5L, 10L Per Family during the policy period as per annexure attached herewith.
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, 3 Dependent Children upto age 25 yrs, Dependent parents and Parents In law covered under policy.
Maternity Benefit	30000-35000 for Normal and C-section respectively for first 2 children for metro as well as non-metro locations. IMP: 9 months waiting period for maternity waived off for existing members enrolled under Phase 2 IFFCO Policy (31 Mar'15 - 30 Mar'16), but applicable for fresh lives (as defined hereunder).
Baby Day 1	Baby covered from 1 day Upto the family SI
Pre/Post Natal Expenses	Covered upto the limit within Maternity sublimit (only on IPD basis)
Co-Payment	15% 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. Mid term inclusion of dependents will be possible only in case of: a) spouse (on account of marriage during the policy term) b) children (childbirth during the policy term but after the child has completed 91 days of age) subject to not more than 3 children being covered under the Policy, provided the maximum family size permits subject to declaration of the same within 30 days. New born claim will be on reimbursement basis up till enrolment.
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	125,000 per joint
Definition of PED	For existing members covered under Phase 2 IFFCO Policy (31 Mar'15 - 30 Mar'16), PED will be considered only if the ailment / Disease is diagnosed before IFFCO Policy inception i.e. before 31-Mar-2015; however ailments / Disease diagnosed during Policy period of IFFCO 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 March 2016 that will be considered as PED.
Disease wise sub limits.	CABG: 2,50,000 Valve Replacement: 2,00,000 PTCA: 1,75,000 Cholecystectomy: 40,000 Hysterectomy: 40,000 Appendisectomy: 40,000 Cataract: 25,000 Fistula: 30,000 Hernia: 30,000 CAG: 18,000 Anaemia: 50,000 Joint Replacement: 125,000 per joint 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 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.
Special Condition	Any person can't be covered more than once in the policy. If declared more than once, claim will be payable under one sum insured only.
Special Condition	1. 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. 2. 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. 3. Sum Insured 2 Lacs - (Floater for 1+5 and Non-floater for Self only), Sum Insured 5 Lacs -

	<p>Floater, Sum Insured 10 Lacs - Floater.</p> <p>4. 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).</p> <p>5. Internal Congenital Ailments covered.</p> <p>6. 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>7. Terrorism is covered.</p> <p>8. Dental Treatment: Covered if due to accident and required 24 hours hospitalisation.</p> <p>9. AYUSH treatment: Covered upto 'Rs.' 10,000 per claim maximum up to 'Rs.' 20,000 per family per year, herein 24 hours hospitalization is mandatory & Treatment taken in Government Hospital/Institute only are covered.</p> <p>10. Admission Fees, Surcharge, Service tax, Miscellaneous charges: Payable only as per IRDA health regulations</p>
Waiting period	Joint Replacement covered from day 1 with a cap of Rs.1.25 Lacs Per joint for existing members covered under Phase 2 of IFFCO Policy, but waiting period of 1 year will be applicable for fresh lives (as defined above in the document)
Exclusion	Lasik Surgery, Septoplasty, Infertility & Related Ailments incl. Male sterility; Treatment on trial/experimental basis; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.
Special Condition	Liability for Nasal Sinus Surgeries upto 'Rs.' 35,000; Hospitalisation arising out of Psychiatric ailments upto 'Rs.' 30,000
Special Condition	50% Co-Pay for cyber knife treatment/Stem Cell Transplantation. Cochlear Implant treatment shall be restricted to 50% of the SI.

*Pls approach to ICICI Lombard Call Centre for further details of policy terms & condition.