PROSPECTUS - ICICI Lombard Mashak (Mosquito) Rakshak

Introduction

ICICI Lombard Mashak (Mosquito) Rakshak is a product which gives exclusive coverage against diagnosis of or hospitalization due major Vector borne diseases. The proceeds can be used to supplement the hospitalization costs and other income losses due to contraction of the named diseases.

Under the policy, during the policy period, if the Insured Person is diagnosed (through laboratory examination and confirmed by the medical practitioner) with any Vector Borne Disease covered in this policy and hospitalized for a minimum period of seventy-two (72) consecutive hours at a Hospital following Medical Advice of a duly qualified Medical Practitioner, the Company shall pay the agreed sum insured as mentioned in the policy schedule

Salient features

- No medicals required
- Tax benefit under Section 80 D of Income Tax Act, 1961

Eligibility

- Principal Insured should be 18 years or above
- Minimum Entry Age:
  - 1 day (Dependent Children)
  - 18 years (Principal Insured & Others)
- Maximum entry age
  - 25 years (Dependent Children)
  - 65 years
- Policy offers option of covering on individual/family floater basis.

Policy Period

The Policy will be issued for a policy tenure of 1 year

Benefits

At any point of time, our liability for any claims admitted in respect of any/all Insured Person/s during the period of insurance shall not exceed the Sum Insured as stated in the Policy Certificate against the respective Benefit(s) or a set of Benefits

1. **Hospitalization Benefit**: Lump sum benefit equal to 100% of the Sum Insured (excluding the amount paid under diagnosis cover, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if insured is hospitalized for a minimum period of seventy-two (72) consecutive hours

2. **Diagnosis Cover:** 2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions. The Policyholder is entitled for payments under “diagnosis cover” for each disease only once in each of the policy years

Exclusions

1. **General Exclusions**:

   The Company shall not be liable to make any payment under the policy in respect of:
   i. Claim for any illness/disease other than for vector borne diseases covered under the policy.
   ii. Diagnosis / Treatment outside the geographical limits of India.
   iii. Any laboratory test not recognized/ approved by the state or central government.
   iv. **Unproven Treatments:** 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.

2. Exclusions specific to Hospitalization Benefit:

i. Domiciliary Hospitalization, Day care OPD treatment

ii. **Investigation & Evaluation**
a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

iii. **Rest Cure, rehabilitation and respite care**
Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iv. **Excluded Providers**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations expenses up to the stage of stabilization are payable but not the complete claim.

v. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

vi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.

vii. Hospitalization for treatment other than allopathy and AYUSH Treatment

viii. Hospitalization for less than a minimum period of seventy-two (72) consecutive hours.

GENERAL TERMS & CONDITIONS

1. Cancellation

i. The policyholder may cancel this policy by giving 7days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Refund of Premium (basis Policy Period)	
Risk Period (Policy in force)	**Refund %**
Up to 30 days	77.50%
31 to 90 days	62.50%
3 to 6 months	42.50%
6 to 12 months	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

2. Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy.

i.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience.

vi. If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured a 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases.

3. Free look period

Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty chargeshas commenced, such proportionate premium commensurate with the insurance coverage during such period

4. Claim related Information

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

i. Within 24 hours from the date of emergency hospitalization.
ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

1. Website : www.icicilombard.com (Customer Support Section)
2. Toll Free : 1800 2666
3. E-mail : ihealthcare@icicilombard.com
4. Fax : +91-40-66789768
5. Courier - ICICI Lombard General Insurance Company Limited
   ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad, Andhra Pradesh- 500032

6. ln case of any grievance the insured person may contact the Company through Website:www.icicilombard.com Tollfree:18002666 Email: customersupport@icicilombard.com

   ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025

   There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution

   Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

   lf insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link:
   https://www.icicilombard.com/grievanceredressal.com

   lf insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255

   Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com. Details of Insurance Ombudsman can also be accessed from the link- https://www.cioins.co.in/Ombudsman

4. **Withdrawal of Policy**

i. ln the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. lnsured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting periodas per regulatory prescriptions, provided the policy has been maintained without a break.

5. **Moratorium**: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

6. **Prohibition of Rebates** – Under Section 41 of Insurance Act 1938:

(1)No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to [take out or renew or continue] an insurance in respect of any kind of risk relating to lives or property in India, any rebate

of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.]

Disclaimer: This is only a summary of the product features. The actual Benefits available are as described in the Policy Wordings & Policy Schedule, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.

RATING CHART

Base Cover:

Section A: Base Cover	
Office Premium per 10K SI (in Rs.)	69.40

Note:

1. All rate are exclusive of GST and Stamp duty
2. All the rates in this sheet are for coverage of only 1 year
3. All the rates are per insured basis

Discounts:

Family discount	
Number of members	***Discount***
1	0.00%
2	2.50%
3	5.00%
>=4	7.50%

Floater discount	
Number of members	***Discount***
1	0.00%
2	3.00%
3	5.50%
4	8.00%
5	8.50%
>=6	9.00%

Discount due to savings on expenses	
Criteria	**Discount**
Employee Discount	10.0%
Online / Direct purchase discount	5.0%
Rural discount	10.0%

Risk Based Loading / Discounting	
Previous Year Incurred Loss ratio*	**Loading / Discounting**
Above 80%	15%
70% - 80%	10%
60% - 70%	5%
45% - 60%	None
35% - 45%	-5%
25% - 35%	-10%
Below 25%	-15%

*Accident Year Incurred Loss ratio inclusive of IBNR

Note:

1. All rates are exclusive of GST
2. Family discount is applicable only on non-floater plans only. Hence there is no overlapping between these two discounts

3. All the discounts are applicable on the total premium of policy
4. Maximum discount due to savings on expenses and Family Discount together can be 20% in a policy

BENEFIT ILLUSTRATION

Age of the members insured	Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
25	69.4	10,000	69.4	5%	197.8	10,000	208.2	5.5%	196.7	10,000
55	69.4	10,000	69.4			10,000				
60	69.4	10,000	69.4			10,000				
Total Premium for all members of the family is Rs. 208 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 198 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 197 (excluding GST).			
Sum insured available for each individual is Rs 10,000			Sum insured available for each family member is Rs 10,000				Sum insured of Rs 10,000 is available for the entire family			
Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable. The rates in the product are age agnostic.										

Age of the members insured	Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
25	173.5	25,000	173.5	5%	494.5	25,000	520.5	5.5%	491.9	25,000
55	173.5	25,000	173.5			25,000				
60	173.5	25,000	173.5			25,000				
Total Premium for all members of the family is Rs. 521 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 495 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 492 (excluding GST).			
Sum insured available for each individual is Rs 25,000			Sum insured available for each family member is Rs 25,000				Sum insured of Rs 25,000 is available for the entire family			
Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable. The rates in the product are age agnostic.										