Group Hospital Cash

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document. Description is illustrative and not exhaustive.

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy** Group Hospital Cash	
2.	**Policy Number** XXXX/XXXXXX/XX/XXXX	
3.	**Type of insurance Product/Policy** **Indemnity and/ or benefit-** Indemnity - Where insured losses are covered up to the Sum Insured under the policy Benefit - Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event Both Indemnity and Benefit - where policy has elements of both the above	
4.	**Sum Insured (Basis)** ₹ XX,XXXX Individual SI Or Floater Basis **Individual Sum Insured** -Where each member has a separate sum insured under the policy **Floater Sum Insured** - All members in the policy share one coverage limit for their use	
5.	**Policy Coverages (Policy Number/s)** • Hospital Daily Cash • Enhanced Hospital Daily Cash (Accident) • Enhanced ICU Benefit	Endorsement No. 1 2 3

	• Enhanced Benefit (Day Care Treatment) • Parents Accommodation • Convalescence Benefit • Pre/Post Hospitalization Expenses • Transportation of Mortal Remains & Funeral Expenses • Home and Vehicle Modification • Ambulance Cost • External Aids & Appliances • Reduced Allowance (Minor & Senior Citizens) • Joint Accidental Hospitalization • Restriction to Named Illness/Sickness/Accident (Coverage shall be applicable to any one or more named ailments specified in the policy) • Maternity Extension	4 5 9 10 11 12 13 14 15 17 19 20
6.	**Exclusions - What the policy does not cover** A. Pre-Existing Diseases - Code- Excl01 • Costs for treating a pre-existing disease (PED) and its direct complications are not covered until 36 months of continuous coverage from the first policy with the insurer • If the sum insured is increased, the exclusion for pre-existing diseases applies again to the extent of the increase • If there is continuous coverage without a break as per IRDAI (Health Insurance) Regulations, the waiting period is reduced based on prior coverage • Coverage for any pre-existing disease after 48 months is contingent on its declaration at the time of application and acceptance by the insure. B. Specified disease/procedure waiting period- Code- Excl02 • Expenses for treating listed conditions and related surgeries/treatments are excluded until 24 months of continuous coverage from the first policy with us. This exclusion does not apply to claims arising from accidents. • If the sum insured is increased, the exclusion for listed conditions applies again to the extent of the increase • If any specified disease/procedure falls under the waiting period for pre-existing diseases, the longer of the two waiting periods applies	Section3

- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
- If the Insured Person is continuously covered without a break, the waiting period is reduced based on prior coverage
- List of specific diseases/procedures:
    - Any types of gastric or duodenal ulcers
    - Benign prostatic hypertrophy
    - All types of sinuses
    - Hemorrhoids
    - Dysfunctional uterine bleeding
    - Endometriosis
    - Stones in the urinary and biliary systems
    - Surgery on ears/tonsils/adenoids/ paranasal sinuses
    - Cataracts,
    - Hernia of all types and Hydrocele
    - Fistulae in anus
    - Fissure in anus
    - Fibromyoma
    - Hysterectomy
    - Surgery for any skin ailment
    - Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy
    - Dialysis required for Chronic Renal Failure.
    - Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date.
    - Dilatation and curettage
    - Varicose Veins and Varicose Ulcers
    - Non Infective Arthritis and other form arthritis
    - Gout and Rheumatism
    - Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident

C. 30-day waiting period- Code- Excl03

- Treatment expenses for any illness within 30 days from the policy start date are excluded, except for

- claims arising due to an accident, provided the same are covered.

- This exclusion doesn't apply if the Insured Person has continuous coverage for more than twelve months
- The waiting period mentioned also applies to an increased sum insured granted subsequently.

D. Investigation & Evaluation- Code- Excl04

- Costs for admissions primarily for diagnostics and evaluation purposes are not covered
- Expenses unrelated or not incidental to the current diagnosis and treatment are excluded.

E. Rest Cure, rehabilitation and respite care- Code- Excl05

- Costs for admissions primarily for enforced bed rest and not for treatment are not covered. This includes:
  - Custodial with personal needs, like bathing, dressing, and movement, provided by skilled or non-skilled individuals
  - It also covers services for terminally ill individuals addressing their physical, social, emotional, and spiritual needs

F. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- Surgical treatment expenses for obesity are not covered unless recommended by a doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
  - >= 40 or
  - => 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    i. Obesity-related cardiomyopathy
    ii. Coronary heart disease
    iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

G. Change-of-Gender treatments: Code- Excl07

- Ie body characteristics to those of the opposite sex are not covered.

H. Cosmetic or plastic Surgery: Code- Excl08

- Except for reconstruction after an Accident, Burn(s), or Cancer, or as part of medically necessary treatment to remove an immediate health risk. Certification by the attending Medical Practitioner is required for it to be considered a medical necessity

I. Hazardous or Adventure sports: Code- Excl09

- Costs for treatment resulting from professional participation in hazardous or adventure sports, such as para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing, scuba diving, hand gliding, sky diving, and deep-sea diving, are not covered

J. Breach of law: Code- Excl10

- Treatment expenses resulting from an insured person committing or attempting to commit a criminal act.

K. Excluded Providers: Code- Excl11

- 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 or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. Click here for the list of delisted hospital as on the website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf

L. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12

M. 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.Code- Excl13

N. Dietary supplements and substances that can be purchased without prescription not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

O. Refractive Error: Code- Excl15

- Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.

P. Unproven Treatments: Code- Exel 16

- 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.

Q. Birth control, Sterility and Infertility: Code- Excl17

- Expenses related to sterility and infertility. This includes:
  (i) Any type of contraception, sterilization
  (ii) Assisted Reproduction services including artificial insemination and advanced
  reproductive technologies such as IVF, ZIFT, GIFT, /CS/
  (iii)Gestational Surrogacy
  (iv)Reversal of sterilization

R. Maternity: Code Excl18

- Medical expenses related to childbirth, including complicated deliveries and caesarean sections (except for ectopic pregnancy), are covered.
- Expenses for miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period are covered

	S. War, declared or not, and war-like events such as invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, and detainment are covered. T. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: • A nuclear attack or weapons refers to the use of nuclear weapons, devices, or the emission of radioactive materials that can cause illness, incapacitation, disablement, or death • Chemical attack or weapons involve the release of chemicals capable of causing illness, incapacitation, disablement, or death when dispersed • Biological attack or weapons refer to the release of disease-producing micro-organisms or biologically produced toxins, including genetically modified organisms and chemically synthesized toxins, capable of causing illness, incapacitation, disablement, or death. U. Any expenses incurred on Domiciliary Hospitalization and OPD treatment V. Treatment taken outside the geographical limits of India W. Annexure A: List I: Optional Items (Note: The above is only a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	
7.	**Waiting period** Initial period when certain diseases/treatments are not covered, starting from the policy's inception. Should fetch from Special conditions of the policy schedule	
8.	**Financial limits of coverage:** Sub-limit is the maximum amount the insurer will pay. Co-payment is the insured's share of the claim, either a fixed amount or a	

	percentage. Deductible is the amount the insurer doesn't cover, deducted from the total claim if it surpasses that amount. Other specified limits may also apply. Should fetch from Special conditions of the policy schedule	
9.	**Claims /Claim Procedure** Insured Person/Insured Person's representative should intimate the claims within 7 working days upon occurrence of the event. For emergency hospitalization claims, the Insured Person must provide notification of claim within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. The Notification of Claim should be ideally provided by the Insured Person or his representative. However, if there is a genuine reason for delay in intimation, the Company shall not enforce any penalty if the admissibility of the claims is not contested upon. ▪ Upon the happening of any event giving rise or likely to give rise to a claim under this policy, the Insured shall intimate and register the claim with the Company on our 24x7 toll free helpline 18002666 and in writing at Our address. ▪ The list of documentation required is provided under each specific Section. ▪ The Insured shall intimate the claims with all the necessary documents to our claim processing team immediately and in any event within 7 days of the event giving rise to a claim. ▪ Customer to send documents to Company at :- ICICI Lombard General Insurance Company Limited 1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet, Hyderabad District Hyderabad , Pin code -500016 • Benefits payable under this policy will be paid within 15 days of the receipt of claim along with claim form and required documents ▪	

	Download the Claim Form here https://www.icicilombard.com/downloads Find our extensive list of hospitals providing services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf	
10.	**Policy Servicing** You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.	
11.	**Grievances/Complaints** 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	
12.	**Things to remember** **Free Look cancellation:** 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 charges If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com. **Migration**: In case of migration of indemnity based health insurance policy (except Personal Accident and Travel Policies) with the same Insurer, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months. **Portability:** a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company	

	c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines . d. This benefit is not applicable for enhanced sum insured Renewal of Policy i. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period. iiAt the end of the Policy Period, the policy shall terminate and can be renewed with in the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period. ii. No loading shall apply on renewals based on individual claims experience **Withdrawal of Policy** i. In 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. Insured 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 breakMoratorium **Change in Sum Insured**: The sum insured can be modified (increase/decrease) only at renewal or anytime, subject to company underwriting. Waiting period restarts for increased sum insured. **Moratorium Period** 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 company 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	
13.	**Your Obligations:** Disclose all material information, including pre-existing diseases, before purchasing the policy. Non-disclosure may impact claim	

	settlement. We seek cooperation from the insured/claimant to provide necessary documents for the claims procedure	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date: _____ Signature of the Policy Holder

NOTE: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

The product related documents including the Customer Information sheet are available on the website at - https://www.icicilombard.com/downloads -.