

Arogya Sanjeevani Policy, ICICI LOMBARD

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document.

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	<u>Name of Insurance Product/Policy</u> Arogya Sanjeevani Policy, ICICI LOMBARD.	
2.	<u>Policy Number</u> XXXXX	
3.	<u>Type of Insurance Product/Policy</u> Indemnity	
4.	<u>Sum Insured Basis-</u> Individual Sum Insured ₹ XXXX - where each member has a separate sum insured under the policy Floater Sum Insured- ₹ XXXX – where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5.	<u>Policy Coverage (What the policy covers?)</u> Expenses in respect of: <u>Basic Covers: -</u> 1. Hospitalization expenses- Up to the Annual Sum Insured for admission longer than 24 consecutive hours. i. <u>Other Expenses-</u> I. Treatment of cataract subject to the sub limits II. Dental treatment, necessitated due to disease or injury III. Plastic surgery necessitated due to disease or injury IV. All day care treatments V. Road Ambulance subject to a maximum of ₹2000/- per hospitalization 2. AYUSH Treatment- Limited to the geographical boundaries of India. 3. Cataract Treatment- Subject to a limit of 25% of Sum Insured or ₹40,000/-, whichever is lower, per each eye in one policy year.	4.1 4.1.1. 4.2 4.3

	4. Pre Hospitalization Medical Expenses: Up to 30 days before hospitalization up to Annual Sum Insured. 5. Post Hospitalization Medical Expenses: Up to 90 days immediately post hospitalization up to Annual Sum Insured. 6. Technological advancements and Treatments: Covers for listed procedures up to 50% Annual Sum insured. 7. Loyalty Bonus: You will be entitled for a loyalty bonus of 5% provided the policy has been renewed with the Company without a break subject to a maximum of 50% of sum insured.	4.4 4.5 4.6 4.6
6.	<u>Exclusions (What does the policy not cover)</u> 6.1. Investigation & Evaluation (Code- Excl04) a) Admission primarily for diagnostics and evaluation purposes only are excluded. b) Excludes diagnostic expenses unrelated or not incidental to the current diagnosis and treatment 6.2. 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 a) Custodial care at home or in a nursing facility for personal assistance by skilled nurses or non-skilled persons. b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs 6.3. Obesity/ Weight Control(Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1. Surgery to be conducted is upon the advice of the Doctor 2. Should be supported by clinical protocols 3. 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	7.1 7.2 7.3

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 Mumbai - 400 064

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	6.4. Change-of-Gender treatments: (Code- Excl07) Including surgery, to change body characteristics to the opposite sex. 6.5. Cosmetic or plastic Surgery: (Code- Excl08) Excluded unless for reconstruction due to an accident, burn(s), cancer, or as part of medically necessary treatment. It must be certified by the attending medical practitioner to remove a direct health risk. 6.6. Hazardous or Adventure sports: (Code- Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 6.7. Breach of law: (Code- Excl10) Expenses for or consequent to committing or attempting to commit a breach of law with criminal intent. 6.8. Excluded Providers: (Code-Excl11) Expenses incurred towards treatment in any hospital/ by Medical Practitioner or other provider specifically excluded by the Insurer, disclosed on the website and notified to the policyholders/proposers are not admissible. However, in case of life threatening situations or an accident, only expenses up to the stage of stabilization are payable. 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 6.9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 6.10. Treatments received in health 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) 6.11. 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)	7.4 7.5 7.6 7.7 7.8 7.9 7.10 7.11
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	6.12. Refractive Error:(Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters. 6.13. Unproven Treatments:(Code- Exc116): Services and supplies for or in connection with any unproven treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. 6.14. 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, ICSI III. Gestational Surrogacy IV. Reversal of sterilization 6.15. Maternity Expenses (Code- Excl18): i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 6.16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 6.17. 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 refer to the use of nuclear devices, waste, or combustion of nuclear fuel. It also includes the emission, discharge, dispersal, release or escape of fissile/fusion material emitting radioactivity that can cause illness, incapacitation, disablement or death. b) Chemical attack or weapons that involve the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound. When appropriately distributed, these chemicals have the potential to cause illness, incapacitation, disablement or death.	7.12 7.13 7.14 7.15 7.16 7.17
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	c) Biological attack or weapons involving the release of disease-causing micro-organisms or biologically produced toxins, including genetically modified organisms and chemically synthesized toxins that can lead to illness, disablement or death. 6.18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment 6.19. Treatment taken outside the geographical limits of India 6.20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.	7.18 7.19 7.20
7.	<u>Waiting period</u> <u>Time period during which specified diseases/treatments are not covered</u> <u>It is counted from the beginning of the policy coverage</u> 1. Pre-Existing Diseases will be covered after a waiting period of 36 months of continuous coverage. 2. Initial waiting period: 30 days for all illnesses (except for Hospitalization due to injury). 3. Specified Disease/Procedure waiting period/ Specific Waiting Period. (Not applicable for claims arising due to an accident): i. 24 Months waiting period - Benign ENT disorder - Tonsillectomy - Adenoidectomy - Mastoidectomy - Tympanoplasty - Hysterectomy - All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps - Benign prostate hypertrophy - Cataract and age related eye ailments - Gastric/ Duodenal Ulcer - Gout and Rheumatism - Hernia of all types - Hydrocele - Non Infective Arthritis - Piles, Fissures and Fistula in anus - Pilonidal sinus, Sinusitis and related disorders	6.1 6.2 6.3.1

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	• Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident • Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. • Varicose Veins and Varicose Ulcers ii. 24 Months waiting period 1) Treatment for joint replacement unless arising from accident. 2) Age-related Osteoarthritis & Osteoporosis.	6.3.2
8.	<u>Financial limits of coverage</u> <u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</u> The policy will pay only up to the limits specified hereunder for the following diseases/procedures: i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of ₹5000/- per day. 4.1 ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of ₹10,000/- per day. iii. Road Ambulance subject to a maximum of ₹2000/- per hospitalization 4.3 iv. Cataract — Up to 25% of Sum Insured or ₹ 40,000/- whichever is lower per eye. 4.1.1 v. Coverage for Technological advancements and Treatments - Up to 50% of the Annual Sum insured. 4.6 <u>Co-payment(It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u> Every claim shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per policy T&C. 9.3 <u>Deductible (It is a specified amount:</u> - <u>Up to which an insurance company will not pay any claim, and</u> - <u>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u> Not applicable <u>Any other limit (as applicable)</u>	

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	Not Applicable	
9.	<u>Claims/Claims Procedure</u> Cashless (Pre-Authorization) Procedure; Step 1 – Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. Step 2 – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) Step 3 – Request will be processed as per policy terms and conditions Step 4 – While you avail treatment the claim payment is settled directly to the Provider/Hospital Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital. Find our extensive list of hospitals providing cashless 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. Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services. Non-medical and non-payable expenses are your responsibility. You shall be required to furnish the following documents for or in support of a Claim:	9

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	1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com 2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner 3. Original bills from chemists supported by proper prescription. 4. Original investigation test reports and payment receipts. 5. Indoor case papers 6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it Reimbursement Procedure; Step 1 – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents. Step 2 – Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the ILTakecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. Step 3 – The claim will be processed as per policy terms and conditions Step 4 – The approved amount in the claim would be reimbursed to you The below information needs to be provided immediately, latest within 10 days of hospitalization. Failing to do so may result in the claim being deemed as inadmissible at our sole discretion. • Policy number; • Your Name; • Your relationship with the Proposer; • Nature of Illness or Injury; • Name and address of the attending Medical Practitioner and the Hospital; • Any other information that may be relevant to the Illness/ Injury/ Hospitalisation	
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	Note : To claim or check your claim status, use the IL TakeCare App or contact us on WhatsApp at +91 7738282666. For cashless hospitalization in a non-network hospital, contact health assistance at least 48 hours before admission or within 24 hours for emergencies. Use "Anywhere Cashless" through <i>IL TakeCare App's > Services We Offer > Health Assistance</i>. Available from 8am to 8pm, Mon to Sat (except public holidays). You can also reach them via email at healthassistance@icicilombard.com or through this web link: https://ilhc.icicilombard.com/Home/healthassistance. For customer support during claims, call our toll-free number 18002666 or email us at customersupport@icicilombard.com. Find our extensive list of hospitals providing cashless 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 Non-medical and non-payable expenses are your responsibility. The relevant documents to be sent to : ICICI Lombard GIC LTD, 1st, 4th, 5th & 6th Floor Varun Towers-II, Opp Hyderabad Public School, Begumpet Hyderabad-500016, Telangana. "The claim will be processed within 30 days of receipt of claim along with claim form." Download Claim Form- https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-than-1-lac.pdf	
10.	<u>Policy Servicing</u> - You may contact us on our Toll Free no: 1800 2666, or email us at customersupport@icicilombard.com or use our IL	

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	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.	<u>Grievances/Complaints</u> In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 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. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf. If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) 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	11

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	Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman	
12.	<u>Things to remember</u> Free Look cancellation: "Every insured of new individual 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 Policy renewal: We shall ordinarily renew the Policy except on grounds of, misrepresentation or established fraud or non-disclosure by the Insured, provided the policy is not withdrawn and also subject to moratorium conditions. Migration and Portability – - The insured has the choice to port his / her policies from one Insurer to another. - 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 - The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines. - This benefit is not applicable for enhanced sum insured. The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.	10.19 10.16 10.14& 10.15 10.21 8

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	In case You are desirous of migrating or outward porting Your Policy, kindly contact us at customersupport@icicilombard.com. 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 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	
13.	<u>Your Obligations</u> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • In the event of misrepresentation, mis-description, non-disclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.	10

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.

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