PROSPECTUS

What is covered?

The Policy provides indemnification of Medical Expenses incurred by You during Your Hospitalization, for any Illness or Injury suffered during the Policy Year.

- **Basic Hospitalization:** We will pay You for the in-patient Hospitalization expenses such as room rent /boarding and nursing expenses up to 2% of sum insured subject to maximum of Rs.5,000/day and intensive care unit charges up to 5% of sum insured subject to maximum of Rs. 10,000/day.We shall also pay You for surgeon's, doctor's fee, anaesthesia, blood, oxygen, operation theatre charges etc. incurred by You during Hospitalization for a minimum period of 24 consecutive hours. Other expenses that will be covered include
    - Expenses incurred on treatment of cataract subject to sub limits
    - Dental treatment, necessitated due to disease or injury
    - Plastic surgery, necessitated due to disease or injury
    - All day care treatments
    - Expenses incurred on road ambulance subject to a maximum of Rs. 2,000 per hospitalisation
- **AYUSH Treatment**: We will pay You for expenses incurred on Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy (AYUSH) in patient treatment up to the limit as specified in the policy schedule only when the treatment has been undergone in a AYUSH hospital or AYUSH day care centre
- **Cataract Treatment:** We will pay You for the medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum insured or Rs. 40,000/- whichever is lower, per eye in one policy year
- **Pre Hospitalisation:** We will pay You pre-hospitalisation medical expenses incurred related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalisaiton covered under the policy
- **Post Hospitalization expenses:** We will pay You post-hospitalisation medical expenses incurred related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalisaiton covered under the policy

Salient Features:

- **Family Floater Benefit:** You can avail a floater cover and get Your immediate family (self, spouse, parents, parents-in-law, dependent children between the age of 3 months to 25 years. If the child above 18 years of age is financially independent, He/She shall be ineligible for coverage in subsequent renewals) covered for the same sum insured under a single Policy by paying one premium amount. Any individual above 3 months of age can be covered under the Policy provided 1 Adult is also covered under the Policy.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115 | **CIN**: L67200MH2000PLC129408 | **UIN: ICIHLIP25041V022425 Arogya Sanjeevani**

Mailing Address:
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

Registered Office Address:
ICICI Lombard House, 414, P Balu Marg,
Off Veer Savarkar Road Marg, Near Siddhi
Vinayak Temple,Prabhadevi, Mumbai 400 025

Toll free no: 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail: customersupport@icicilombard.com
Website : www.icicilombard.com

- **Premium Payment in Instalments:** You can avail an option to pay premium amount in Half yearly, Quarterly or monthly instalments with a grace period of 15 days. Please note that coverage will not be available from the instalment premium due date till the date of receipt of premium by company.

- **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.

- **Cashless Hospitalization:** You can avail of cashless Hospitalization at any of our network providers/ hospitals. A list of these hospitals/ providers will be sent to You along with Your Policy.

- **Tax Benefit:** You can avail of tax benefit on premiums paid under Health sections of this Policy, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter.

- **Policy Period:** The Policy Period is of one year

- **Free Look Period:** "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."

- **Eligibility:**
  - Entry Age – This Policy can be offered to an individual with age between 18 years and 65 years, as a proposer. Proposer with higher age can obtain policy for family without covering self.
  - Children between age of 3 months to 25 years can be insured under a floater plan. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
  - Lifetime renewability

- **Pre-Policy Medical Check-up:** No medical tests will be required, if You approach us for insurance cover below the age of 45 years up to the Annual Sum Insured of Rs.5 Lakhs. However, if You approach us for insurance when You are 45 years of age* or above, You will have to then compulsorily undergo medical tests at our designated diagnostic centres. If we accept Your proposal, we will reimburse 100% of the cost incurred by You in undertaking such pre-insurance medical tests.
  *This age limit may be relaxed for specific channels or plans upon approval from product head.

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- **Annual Sum Insured:** This denotes the maximum amount of cover available to You for a Policy Period of one year.

  Minimum Sum Insured: ₹ 1,00,000

  Maximum Sum Insured: ₹ 10,00,000 (in multiples of fifty thousand)

Loss Sharing:

a) Sub Limits:

1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5,000/- per day.
2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 5% of the sum insured subject to maximum of ₹10,000/-, per day.
3. Cataract – Up to 25% of SI or ₹40,000 whichever is lower
4. Modern treatments and advances in technology – Up to 50%of Sum Insured

b) Co- Payment:

Each and every claim under the policy shall be subject to Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the policy.

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What is not covered?

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1) **Pre-Existing Diseases (Code- Excl0l)**
   - **a)** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
   - **b)** In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum insured increase.
   - **c)** If the Insured Person is continuously covered without any break as defined under the portability norms of the relevant regulatory prescriptions, then waiting period for the same would be reduced to the extent of prior coverage.
   - **d)** Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2) **First Thirty Days Waiting Period (Code- Excl03)**
   - **i.** Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   - **ii.** This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   - **iii.** The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3) **Specific Waiting Period/Specific Waiting Period: (Code- Excl02)**
   - **a)** Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
   - **b)** In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   - **c)** If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
   - **d)** The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   - **e)** If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

     i. 24 Months waiting period

     1.Benign ENT disorder

     2.Tonsillectomy

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3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers
20. Treatment for joint replacement unless arising from accident
21. Age-related Osteoarthritis & Osteoporosis

4) Investigation & Evaluation(Code- Excl04)

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

5) 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:

i. 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.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6) 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. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
    a. greater than or equal to 40 or
    b. greater than or equal to 35 in conjunction with any of the following severe co

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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) **Change-of-Gender treatments: (Code- Excl07)**
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8) **Cosmetic or plastic Surgery: (Code- Excl08)**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9) **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, 1110tor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10) **Breach of law: (Code- Excl10)**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11) **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. The list of excluded providers/delisted hospitals in available on our website www.icicilombard.com

12) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

13) 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)**

14) 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 **(Code- Excl14)**

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15) Refractive Error:(Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16) Unproven Treatments:(Code- Exc116)

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.

17) 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

18) Maternity Expenses (Code- Excl18):

- **i.** Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- **ii.** expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

19) 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.

20) 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 means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
- **b)** Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- **c)** Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

21) Any expenses incurred on Domiciliary Hospitalization and OPD treatment

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22) Treatment taken outside the geographical limits of India

23) 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.

Loading

We may apply a risk based loading on premium payable (based upon the declarations made and the health status of the person proposed for insurance). The maximum risk loading applicable shall not exceed 200% of base premium.

This risk based loading will be applicable, to the extent as applied at the time of first policy, at renewals as well.

We will not apply any additional loading at renewal based on claim experience.

We will inform you about the applicable risk loading through a counter offer letter at the time of Your risk assessment before first policy. You need to revert to us with consent and additional premium, if any within 15 days of issuance of such counter offer letter. If You neither accept the counter offer letter nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid. Please note that We will issue policy only after getting Your consent.

Withdrawal of Policy

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.

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 Loyalty bonus, waiver of waiting period as per regulatory prescriptions provided the policy has been maintained without a break.

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

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Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, may revise or modify the terms of the policy including the premium rates.

How to make a claim?

Procedure for Cashless claims:

- **i.** Treatment may be taken in a network provider and is subject to pre authorization by the Company,
- **ii.** Cashless request form available with the network provider shall be completed and sent to the Company for authorization.
- **iii.** The Company upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- **iv.** At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- **v.** The Company reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
- **vi.** In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

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 on request within 1 hours 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.

Procedure for reimbursement of claims:

For reimbursement of claims the insured person many submit the necessary documents to Company within the prescribed time limit as specified hereunder.

No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

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Notification of Claim

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

i. Within24hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Documents to be submitted:

You shall be required to furnish the following documents for or in support of a reimbursement Claim:

a) Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from Our website www.icicilombard.com

b) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner

c) Original bills from chemists supported by proper prescription.

d) Original investigation test reports and payment receipts.

e) Indoor case papers

f) Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.

g) Any other document as required by Us or Our In house claim processing team to investigate the Claim or Our obligation to make payment for it

The relevant documents to be sent to

ICICI Lombard Health Care,

1st, 4th (Half), 5th and 6th floors,

Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016

Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. Th

Payment of Claim

All claims under the policy shall be payable in Indian currency only.

Terms of Renewal

The policy shall ordinarily be renewable except on grounds of *established* fraud, misrepresentation by the insured person, provided the policy is not withdrawn and also subject to Moratorium conditions.

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i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
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 fifteen days where premium payment mode is monthly and thirty days in all other cases, to maintain continuity of benefits without break in policy. Coverage is not available during the grace period except if the premium is paid in instalments.
v. For individual products, the loadings on renewal premium shall be at portfolio and not based upon any individual policy claim experience.
vi. No loading shall apply on renewals based on individual claims experience.

Endorsements (Changes in Policy)

i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

Migration Benefits:

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 Benefits

a. The insured has the choice to port his / her policies from one Insurer to another.

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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.

Cancellation: The Policyholder may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period detailed below.

i. Refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.

ii. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced

Note: Above mentioned refund clause shall not be applicable for policies with freelook period; Premium refund for cancellations during the freelook period will be provided as per the Free look clause

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.

- The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud.

- 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.

- The coverage for the insured person shall automatically terminate in case of His/Her demise and upon exhaustion sum insured and any other additional sum insured (if any), for the policy year.

Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115 | **CIN**: L67200MH2000PLC129408 | **UIN: ICIHLIP25041V022425 Arogya Sanjeevani**

Mailing Address: 601 & 602, 6th Floor, Interface 16, New Linking Road, Malad (West) Mumbai - 400 064

Registered Office Address: ICICI Lombard House, 414, P Balu Marg, Off Veer Savarkar Road Marg, Near Siddhi Vinayak Temple,Prabhadevi, Mumbai 400 025

Toll free no: 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail: customersupport@icicilombard.com
Website : www.icicilombard.com

1. In the case of his/ her (Insured Person) demise.

2. Upon exhaustion of sum insured and Loyalty bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

Nomination

You are required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee

Redressal of Grievance

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

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

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Annexure:
Rate charts for Individual and Floater policies are attached.
List of Non payable items.

Benefit Illustration

Age of the members insured	Coverage opted on 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 (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
42	4,604	3,00,000	4,604	0.00%	4,604	5,00,000	17,167	45%	9,395	3,00,000
36	4,604	3,00,000	4,604		4,604	5,00,000				
20	3,979	3,00,000	3,979		3,979	5,00,000				
8	3,979	3,00,000	3,979		3,979	5,00,000				
Total Premium for all members of the family is Rs. 17,166 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 17,166 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 9,395 (excluding GST).			
Sum insured available for each individual is Rs 3,00,000			Sum insured available for each family member is Rs 3,00,000				Sum insured of Rs 3,00,000 is available for the entire family.			

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Age of the members insured	Coverage opted on 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 (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
32	4,618	5,00,000	4,618	0.00%	4,618	5,00,000	18,137	44%	10,072	5,00,000
30	4,618	5,00,000	4,618		4,618	5,00,000				
12	4,451	5,00,000	4,451		4,451	5,00,000				
8	4,451	5,00,000	4,451		4,451	5,00,000				
Total Premium for all members of the family is Rs. 18,137 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 18,137 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 10,072 (excluding GST).			
Sum insured available for each individual is Rs 5,00,000			Sum insured available for each family member is Rs 5,00,000				Sum insured of Rs 5,00,000 is available for the entire family.			

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