BeFit Policy Wordings

b) PREAMBLE

This BeFit Rider is a contract of insurance between the Policyholder and Us subject to the receipt of applicable premium in advance with respect to the Insured Person(s).

It is agreed and understood that the BeFit Rider can only be bought along with the Base Product and cannot be bought in isolation or as a separate product. The BeFit Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Product.

c) DEFINITIONS

The terms defined in the Base Product and at other junctures in the Policy Wording have the meaning ascribed to them wherever they appear in this BeFit Rider and, where appropriate, references to the singular include references to the plural; references to the male include the female and third gender and references to any statutory enactment include subsequent changes to the same. All terms are subject to the terms defined in the Base Product and additional terms defined below:

ii. Specific Definitions (Definitions other than those defined by IRDAI)

Age means the completed years of the Insured Person(s) on their last birthday as per the English calendar

AYUSH medical practitioner means a medical practitioner who is specialised in prescribing AYUSH treatment

Base Product means any retail health Insurance policy issued by ICICI Lombard General Insurance Company Limited including its terms and conditions, any annexure thereto and the Policy Schedule (as amended from time to time), the information statements in the proposal form and the Policy wording (including endorsements, if any) and to which this BeFit Rider is attached.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre- authorization is approved.

Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the insured while giving sufficient notice to the other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.

Health Service Provider means any person or entity providing healthcare and medical services in individual capacity, or through aggregation under “Health Service Provider Agreement”, and shall include but not be limited to any clinic, diagnostic centre, pharmacy, associated facility for diagnosis, treatment or wellness services, and health care providers empanelled with Us to provide services specified under the Benefits to the Insured Person on cashless basis for OPD Treatment or otherwise. The list of the Health Service Providers is available on our mobile application and is subject to amendment from time to time

Insured Person(s) means the individual(s) whose name(s) is/are specifically appearing as such in the Policy Schedule.

Life threatening refers to a medical condition suffered by the Insured Person which has the following characteristics:

- Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).
- Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas)
- Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.
- Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The term Medical Practitioner would include general medical practitioner, specialist, super specialist, anaesthetist and surgeon but would exclude The Insured person and the Insured person's Immediate Family. "Immediate Family" would comprise of the Insured person's spouse, children, brother(s), sister(s), parent(s) and grandchildren.

Pathology means laboratory testing blood and other bodily fluids, tissues, and microscopic evaluation of individual cells.

Physiotherapy means the branch of medicine that deals with assessment, planning and implementation of rehabilitation programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments by applying a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques.

Policy Schedule means the Policy Schedule attached to and forming part of the Policy.

Psychologist is a person who specializes in the study of mind and behaviour or in the treatment of mental, emotional, and behavioural disorders

Radiology means the branch of medicine that deals with diagnostic images of anatomic structures through the use of electromagnetic radiation or sound waves and that treats disease through the use of radioactive compounds. Radiologic imaging techniques include but are not limited to x-rays, CAT scans, PET scans, MRIs, and ultra-sonograms.

Specialist/Super Specialist Medical Practitioner means a medical practitioner having additional expertise in any one or more types of medicine, including but not limited to, cardiology, diabetology, endocrinology, ENT, gastroenterology, general surgery, gynecology /obstetrics, internal medicine, nephrology, neurology, ophthalmology, orthopedics, pediatrics, psychiatry, urology, dermatology and pulmonology.

We/ Our/ Us/Insurer means the ICICI Lombard General Insurance Company Limited.

d) BENEFITS COVERED UNDER THE RIDER

The Benefits listed below are in-built benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy wording.

All Benefits under the BeFit Rider can be availed only on cashless basis via our mobile application and are subject to the terms, conditions, waiting periods and exclusions of the Rider and the availability of the Annual sum insured.

All services shall be provided through our Empaneled Health Service Provider subject to availability at the time of appointment

Any unutilized consultations/e- consultations/ annual sum insured/ sessions cannot be carried forward to the next policy year.

Choosing the services under this BeFit Rider is purely upon the Insured Person's own discretion and at own risk. The services provided under the various covers are via third party health service providers/ network providers/ and the Insurer is not responsible for liability arising out of the services provided by these third parties.

The Insured Person(s) should seek assistance from a medical practitioner should they still have any concerns about their health even post availing services from our health service providers/network providers.

All claims under this Section shall be paid in accordance with the procedure set out in Section IV (Claim Procedure).

1. **Outpatient Consultations**
   We shall cover the Medical Expenses incurred during the Policy period for out-patient consultations from a General Medical Practitioner or Specialist Medical Practitioner or Super Specialist Medical practitioner or AYUSH medical practitioner in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy period subject to the overall maximum number of consultations as specified against this benefit in the policy schedule. These services shall be provided through our Empaneled Health Service Provider subject to availability at the time of appointment.

   This benefit shall also include e-consultation given by a General Medical Practitioner or Specialist or Super Specialist Medical Practitioner or AYUSH medical practitioner through a virtual mode of communication such as but not limited to chat, email, video, online portal, or mobile application.

   Physiotherapy sessions and counselling availed for psychiatric ailments or mental health issues shall be excluded from the scope of this benefit.

2. **Routine Diagnostic Cover and Minor Procedure Cover**
   We shall cover medical expenses incurred for outpatient diagnostic tests recommended by Medical Practitioner under our cashless network available in the mobile application in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy Period and for listed minor procedures undergone at a general practitioner or specialist/super-specialist medical practitioner by the Insured Person during the Policy period maximum up to the Annual sum insured limit as specified against this benefit in the policy schedule. These services shall be provided through our Empaneled Health Service Provider subject to availability at the time of appointment

The diagnostic tests shall include but will not be limited to histopathology, biochemistry, hematology, immunology, microbiology, serology, pathology, radiology, ultrasound and TMT. Genetic studies shall be excluded from the scope of this cover.

We may even arrange for diagnostic tests to be carried out at the location of the Insured Person provided such location is within the geographical reach of the Health Service Provider on the date of the request. This service shall be subject to availability of Our empanelled Health Service provider.

List of Minor Procedures covered under this benefit #

Drainage of abscess
Injection including Intramuscular (Per Injection cost)
Intravenous injection(IV)
Sprain Management (Joint movement/exercise)
Otoscopic examination (Magnifying otoscopy)
Nasal packing for control of haemorrhage
Nebulizer therapy
Removal of foreign body
Suturing(Staple under LA)
Removal of suture
Stabilization of joint
Syringing ear to remove wax
Application or removal of plaster cast
Laryngoscopy
Minor wound management

#this includes only the cost of administration. The actual cost of consumables shall be covered under the pharmacy cover. However, the said cost will have to be borne by the insured person in case the annual sum insured under the pharmacy cover has been exhausted or is out of scope of the Pharmacy cover or in case the consumable is a non-payable item as per the Base Product

3. Pharmacy Cover

We shall cover medical expenses incurred on purchase of medicines, drugs, and medical consumables, as prescribed by a Medical Practitioner under our cashless network available in the mobile application for any Illness contracted or Injury suffered by the Insured Person during the Policy Period, maximum up to the Annual sum insured limit as specified against this benefit in the policy schedule through our Empaneled Health Service Provider subject to availability on the date of the request.

Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, vitamins, tonics or other related products are excluded from the scope of this cover

4. Physiotherapy Session

We shall cover medical expenses incurred by the Insured person for physiotherapy sessions with a qualified physiotherapist to treat Illness, injury or deformity suffered as advised by qualified medical practitioners during the policy period by physical methods such as but not limited to massage, heat treatment, ultrasound, Laser and exercises maximum up to the number of visits sessions as specified against this benefit in the policy schedule.

These services shall be provided through our Empaneled Health Service Provider subject to availability at the time of appointment.

The time duration of each physiotherapy session shall be restricted to thirty minutes only.

5. Tele -Consultation

We shall cover medical expenses incurred by the Insured Person for any telephonic/ virtual consultations and recommendations for any Injury sustained or Illness contracted during the Policy period by a Medical Practitioner or health care professional. For the purpose of this benefit Telephonic/Virtual consultation shall mean consultation provided by a Medical Practitioner or Health care professional through various mode of communication like audio, video, online portal, chat or mobile application. The services provided under this Benefit shall be made available through our Empaneled Health Service Provider subject to the terms and conditions, and in the manner prescribed below:

- The Medical Practitioner may suggest/recommend/prescribe over the counter medications based on the information provided, if required on a case to case basis. However, the services under this Benefit should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional.
- This service shall be available 24 hours a day, and 365 days in a year.
- We/Medical Practitioner/Healthcare professional may refer the Insured Person to a specialist medical practitioner or a general physician, if required
- We shall not be liable for any discrepancy in the information provided under this Benefit.

6. e-Counseling

We shall cover expenses incurred by the Insured Person on e-counseling session(s) with a Psychologist via our mobile application for providing assistance in dealing with issues such as but not limited to personal and lifestyle imbalance, pre-marital counselling, parenting and child care, speech impairment, and problems related to psychological/mental illness/ psychiatric and psychosomatic disorders, stress, anxiety maximum up to the number of sessions as specified against this benefit in the policy schedule.

The e-counseling sessions shall be availed only through virtual modes of chat or tele etc. via our mobile application.

7. Diet and Nutrition e-Consultation

We will cover expenses incurred by the Insured Person on diet and nutrition e-consultation during the Policy Period on a virtual platform via our mobile application for the duration as specified against this benefit in the policy schedule.

The e-consultation shall be availed only through virtual modes of chat or tele etc. via our mobile application.

8. Preventive Care

Insured Persons aged 21 and above can avail a routine and preventive health check-up as per our pre- defined package (as mentioned in *Annexure A* to the policy wordings) at our network providers or health service providers anytime during the Policy period

This benefit can be availed only on cashless basis and is limited to once a year per Insured Person. The Health records in respect of the Insured Person shall be saved with Us in order to award wellbeing points as a part of the Wellbeing Program. They may be made available to Insured Person(s) in their medical vault in our mobile application.

9. Wellbeing Program

Wellbeing program intends to promote, incentivize and reward the Insured Person(s) for their healthy behavior through various wellbeing services. All the wellbeing activities as mentioned below in Table A enable the Insured Person(s) to earn wellbeing points which shall be monitored by the Health Coach.

The Health Coach shall only be available to Insured persons aged 21 and above. The Health Coach is a personalized service that shall encourage and promote optimal health and physical and mental wellbeing through a telephonic / digital connect The Insured Person shall have access to the health coach on downloading and registering on our mobile application. This activity needs to be done within 30 days of policy start date to ensure adequate utilization of services offered and to redeem the wellbeing points awarded.

Registered insured person(s) on successful completion of Health Risk Assessment [HRA] shall be evaluated by the Health Coach to assess and educate the Insured Person on adapting a healthy lifestyle

Table A- Journey of earning Wellbeing points

Category	Activity Details	Maximum Wellbeing Points Earned per Insured Person*
On boarding (mandatory to unlock earnings from other points based slabs)	Addition of BeFit Rider Details	500
	E-card Verification	300
Health Assessment	Health Risk Assessment	400
	Advisory on Preventive Care health check-up	300

	Medical Vault	300
	First usage of Chat with Health expert/ Health Coach Service	100
	Tele- consultations	300
Wellbeing activities	ICICI Lombard initiated Contest/ health quiz (Any one contest)	200
	ICICI Lombard initiated Webinar (Any one webinar)	200
Wellbeing Tasks	Achieving targeted steps per month	Maximum of 2400 per year
Fitness challenge	Participation and successful completion of fitness challenge	250 per challenge, maximum of 500 points
Health Events	Participation and successful completion of Health events	250 per event, maximum of 500 points
Grand Total		6000

* The Wellbeing Points to be awarded for each activity have been mentioned considering an individual BeFit rider for a single adult aged 21 and above. In case of a floater BeFit rider with 2 adults aged 21 and above, the wellbeing points to be awarded shall be doubled, provided, that both the Insured Persons complete their respective wellbeing activities.

Detailed explanation of Table A has been mentioned below

A. Onboarding

1. Addition of BeFit Rider Details

The insured person shall be awarded 500 welcome wellbeing points on downloading the mobile application recommended by Us and registering the policy details.

2. E-card Verification

The insured person shall be awarded 300 wellbeing points to view the E-card, verify the details mentioned on the same and confirm to Us about the same.

The wellbeing points awarded for onboarding i.e. for addition of BeFit Rider details and E-card verification shall only be onetime for the first year of the BeFit Rider and not for any subsequent renewals thereof.

B. Health Assessment

1. Health Risk Assessment [HRA]

The Health Risk Assessment (HRA) questionnaire is a tool for evaluation of the Insured Person's health and quality of life by reviewing the personal lifestyle practices affecting the Insured Person's health status. On taking the HRA test on our mobile application, within 90 days of policy start date, the Insured Person can earn a maximum of 400 wellbeing points under this activity.

2. Advisory on routine and preventive health check-up

The reports of the Preventive Care health check-up of the Insured Person if referred to our tele-consultation platform (example: IL Hello Doctor) for medical advisory and opinion, shall reward the Insured Person with a maximum of 300 wellbeing points

3. Medical Vault

The Insured Person has to save relevant medical records- diagnostic reports, prescriptions, routine and preventive health check-up reports in the medical vault on the mobile application. This activity shall reward the Insured Person a maximum of 300 wellbeing points.

4. First usage of Chat with Health Expert/ Health Coach Service

The Insured Person shall be rewarded 100 wellbeing points on the first time usage of the chat functionality on our mobile application. The Insured Person can virtually chat with health experts like physiotherapists, counsellors, dieticians etc. under this service

5. Tele-consultations

The Insured Person shall be rewarded 150 wellbeing points for an audio consultation with a Medical Practitioner through the mobile application. Maximum of 300 wellbeing points can be accrued under tele-consultations.

C. Wellbeing Activities

1. ICICI Lombard Initiated contest or health quiz

The Insured Person can earn wellbeing points by participating in any health related contests or quiz conducted by ICICI Lombard. Maximum of 200 wellbeing points can be earned through participating in such activities.

2. ICICI Lombard initiated Webinar

The insured person can earn a maximum of 200 wellbeing points on successful completion of any one health related webinar session conducted by ICICI Lombard.

D. Wellbeing Tasks

The insured Person shall be awarded wellbeing points as per the Table B mentioned below for achieving the targeted steps. The mobile application has to be downloaded within 30 days of the policy start date to avail this benefit as the average step count completed by an Insured person would be monitored on this mobile application.

Table B

Average Steps achieved per day for 20 days in a month	**Maximum Wellbeing Points per month**	**Maximum Wellbeing Points**

		accumulated in a year
8,000+ steps	200	2400
6,000 to 7,999 steps	150	1800
4,000 to 5,999 steps	120	1440
< 4,000 steps	Nil	Nil

E. Fitness Challenge

The Insured Person shall be awarded wellbeing points on participation and successful completion of a fitness challenge as initiated by Us from time to time. The insured person shall be awarded 200 wellbeing points per fitness challenge and the maximum wellbeing points that can be gained by participation and completion of the fitness challenges is 400.

F. Health Events

The insured person shall be awarded wellbeing points on participation and successful completion of health events as initiated by Us from time to time. The insured person shall be awarded 200 wellbeing points per health event and the maximum wellbeing points that can be gained by participation and completion of such health events is 400.

G. BeFit Benefit

The BeFit Benefit has been designed to reward the Insured Person(s) for their healthy behavior displayed throughout the year, which in turn resulted into partial utilization of the Routine Diagnostic and Minor Procedure cover and Pharmacy cover. The benefits are as per the table C mentioned below

Table C- BeFit Benefit

Utilization under routine diagnostic and minor procedure cover and Pharmacy cover	**Wellbeing Points awarded**
Up to 10% of Annual sum insured	100% of basic premium*
11% to 25% of Annual sum insured	60% of basic premium
26% to 40% of Annual sum insured	40% of basic premium
>40% of Annual sum insured	Nil

***** Basic premium refers to the premium charged to the Insured Person (i.e. premium excluding GST) as mentioned on the policy schedule

For example, the basic premium for an insured person is INR 5,000. The annual sum insured for routine diagnostic and minor procedure cover is INR 1,000 and the annual sum insured for pharmacy cover is INR 2,000. So the total SI for both the covers is INR 3000. In case the insured person(s) utilizes only INR 300 overall i.e. 10% of total SI, they shall be awarded 5000 wellbeing points as a part of the BeFit Benefit.

Also, As a Reward for the Insured Person's loyalty and long association with us, We shall increase the Rupee value of the Wellbeing Points Year on Year as per the Table D mentioned below:

Table D – Increase in Rupee Value of Wellbeing Points

Renewal year	Rupee Value of Wellbeing Points	Wellbeing Points	Rupee Value of Wellbeing Points
First Renewal (2nd Year of BeFit Rider)	INR 0.10	1000	INR 100
Second Renewal (3rd Year of BeFit Rider)	INR 0.12	1000	INR 120
Third Renewal (4th Year of BeFit Rider)	INR 0.15	1000	INR 150
Fourth Renewal (5th Year of BeFit Rider)	INR 0.20	1000	INR 200

H. Redemption of Wellbeing Points

The Wellbeing points earned by the Insured Person (as detailed in Table A and Table C) can be redeemed in any of the below mentioned ways

1. Discount on Renewal premium- The Wellbeing points earned by the Insured Person can be redeemed to avail a discount on renewal premium. However, the maximum discount that the Insured Person can avail shall be as per the Table E below:

Table E – Maximum discount that can be availed by Insured Person

Year of BeFit Rider	**Maximum Discount that can be availed as % of basic premium***
1st Year	20
2nd Year	20
3rd Year	25
4th Year	25
5th Year	25

***** Basic premium refers to the premium charged to the Insured Person (i.e. premium excluding GST) as mentioned on the policy schedule.

2. Wellbeing points accumulated by the Insured Person (as detailed in Table A + Table C) can be redeemed against health related deals and offers on health supplements, dietary supplements, food supplements etc., only as available on our platform of mobile application or through our specified network providers or health service providers.

Illustration for redemption of Wellbeing Points

Below mentioned Table F is a road map journey of 5 years for an individual BeFit Rider

Table F

	Particulars	Fresh Policy	1st Renewal	2nd Renewal	3rd Renewal	4th Renewal
		1st Year	2nd Year	3rd year	4th Year	5th Year
A	Basic Premium w/o GST (INR)	5,000	5,000	5,000	5,000	5,000
B	Renewal Discount (INR)	-	1,000	1,000	1,250	1,250
C	Renewal Premium (A-B) (INR)	-	4,000	4,000	3,750	3,750
D	**Maximum Wellbeing Points that can be accrued (through wellbeing program)**	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**
E	**Maximum Wellbeing Points accrued (through BeFit Benefit)**	**5,000**	**5,000**	**5,000**	**5,000**	**5,000**
F	**Total Points accumulated (D+E)**	**11,000**	**11,000**	**11,000**	**11,000**	**11,000**
G	Value of 1 wellbeing point (INR)	0.10	0.12	0.15	0.20	0.20
H	Value in terms of INR (F*G) (INR)	1,100	1,320	1,650	2,200	2,200
I	Maximum discount that can be availed	20% of the base premium		25% of the base premium		
J	Maximum rupee discount can be availed as renewal premium discount (I*A) (INR)	1,000	1,000	1,250	1,250	1,250
K	Balance can be availed against health related deals & offers on mobile application (H-J) (INR)	100	320	400	950	950

Terms and Conditions for Redemption of Wellbeing Points

- The Insured Person has to accumulate minimum 1000 wellbeing points in order to redeem them against discount on renewal premium. There shall be no minimum points limit for redemption against health related deals and offers on mobile application.
- Alternately, the Insured Person(s) can even choose to carry forward the wellbeing points for 3 years, in case they do not wish to redeem the same provided the policy is continuously renewed without any break.

Terms and conditions for availing the Wellbeing Program:

- For health risk assessment [HRA] services availed through mobile application/online/ digital mode on IL Platform, the Insured Person shall be required to provide the details in order to establish authenticity and validity prior to availing such services. Any such information provided by the Insured Person in this regard shall be used solely for the purpose of providing these wellbeing services and kept confidential with Us/Our Network Providers/Health Service Providers at all times.
- The Insured Person shall notify Us and submit the relevant documents, reports, receipts as and when required by us within 60 days of undertaking any wellbeing activity.
- The Insured Person agrees that choosing to utilize any of the wellbeing services or any information or advise rendered by Our Health Service Providers or Network Providers or Us will be solely at the Insured Person's discretion and own risk and should not be, used to diagnose or identify treatment for a medical or mental health condition.
- The Wellbeing Points earned by the Insured person through the Wellbeing Program can be carried forward for a maximum of 3 years and shall have to be redeemed at the end of the 3rd Policy Year.
- In case, the Insured Person does not wish to redeem the wellbeing points earned, the same will be forfeited.

- In case of expiry of policy, the accrued wellbeing points may be carried forward for a period not exceeding three months
- There shall not be any cash reimbursement or redemption available against the wellbeing points accumulated by an Insured Person.
- We or Our Health Service Providers or Our Network Providers do not warrant the validity, accuracy, completeness, safety, quality, or applicability of the content or anything said or written or any suggestions provided in the course of providing the wellbeing services.
- We, Our group entities, or affiliates, their respective directors, officers, employees, agents, vendors, shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which an Insured Person may claim to have suffered, sustained or incurred, as a result of any advice or information obtained by way of the wellbeing program or any actions chosen by the Insured Person on the basis of such advice or information.
- The wellbeing program offered is subject to revisions based on the insurance regulatory framework from time to time.

Disclaimers

- *Choosing the option is purely on Insured Person's discretion and at own risk.*
- *The wellbeing program is intended to provide support information to the Insured Person to improve well-being and habits through working towards obtaining a healthy lifestyle, and does not constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.*
- *We reserve the right to remove or reduce wellbeing points in case the same have been found to be achieved in any unfair manner by manipulation*
- *Availing the service provided by our Health Service Providers / Network Provider is at the sole discretion of the Insured person and We are not liable, responsible or deemed to be liable or responsible for any discrepancy in the information or Medical Advice provided.*

10. Health Management Program (HMP)

The HMP has been designed to ensure a regular monitoring of the Insured Person's health and timely intervention and a concrete plan for corrective measures in case of any decline in the health status of the Insured Person.

The insured person shall be subjected to a mid- term assessment via a Wellbeing Risk Assessment [WRA] which includes the Preventive Care health check-up-outcomes and questionnaire based assessment covering aspects of lifestyle, current medical history & family history. The assessment will be carried out using a telephonic/ digital connect with the Health Coach. In case of any adverse health conditions/life style diseases the Insured Person shall be mandatorily shifted to HMP at the time of renewal of the policy. This mid-term assessment will be carried out every year to monitor the health condition of the insured person.

The lifestyle/health conditions of the insured person that shall be considered for HMP will include the below mentioned 37 health conditions.

1. Hypertension *(refer levels defined in Table G & H)*
2. Diabetes Mellitus *(refer levels defined in Table G & H)*
3. Obesity *(refer levels defined in Table G & H)*

4. Hyperlipidemia *(refer levels defined in Table G & H)*
5. Myocardial Infarction
6. Refractory heart failure
7. Cardiomyopathy
8. End stage lung Failure
9. Primary(Idiopathic) pulmonary Hypertension
10. End stage liver Failure
11. Multiple sclerosis with Persisting symptoms
12. Motor neuron disease with Permanent symptoms
13. Permanent paralysis of limbs
14. Stroke resulting in permanent symptoms
15. Coma of specified severity
16. Alzheimer's Disease before age of 50 years
17. Parkinson's disease before age of 50 years
18. Apallic syndrome
19. Benign brain tumour
20. Creutzfeldt-Jakob disease (CJD)
21. Major head trauma
22. Kidney failure requiring regular dialysis
23. Medullary cystic disease
24. Muscular dystrophy
25. Poliomyelitis
26. Aplastic Anaemia
27. Systemic Lupus Erythematous with renal involvement
28. Myasthenia gravis
29. Scleroderma
30. Good pastures syndrome with lung or renal involvement
31. Blindness
32. Deafness
33. Cancer of specified severity
34. Third Degree Burns
35. Loss of speech
36. Loss of limbs
37. Loss of Independent Existence

Once the insured person(s) qualifies for the Health management Program, they shall have to pay the HMP premium and follow the customized Health Management program which has been designed for that category to achieve their respective health goals. The insured person will have to be part of the eligible plan and Health Management program for a consecutive period of 2 years. Post the successful completion of 2 years in the health management program, the health condition of the insured person will be reviewed by the health coach. Basis the health condition at the time of review, it will be decided whether the insured person needs to continue with the Health Management program or not.

The health check-up outcome that will be used for categorization purpose of Hypertension, Diabetes Mellitus, Obesity, Hyperlipidemia is mentioned below in Table G and Table H

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Table G (applicable for first time buyer)

Medical Tests	Category 1 (Normal Program)	Category 2 (Health Management Program)
Glycosylated Hemoglobin (HbA1c)	< 6%	>6 and up to7%
Blood Pressure reading	Systolic Up to 120 mm hg Diastolic Up to 80 mm hg	Systolic >120mm and <140 mmhg Diastolic > 80 mm and <90 mm hg
Low Density Lipoprotein (LDL)	< 100 mg/dl	>100 and < or = 190 mg/dl
High Density Lipoprotein (HDL)	> or = 40 mg/dl	> 20 mg/dl and <40 mg/dl
Serum cholesterol	< or = 200mg/dl	>200 and < or =300 mg/dl
Triglycerides	<or = 150 mg/dl	> 150 and <= 250mg/dl
Body Mass Index (BMI)	< or = 32	>32 and < or = 40

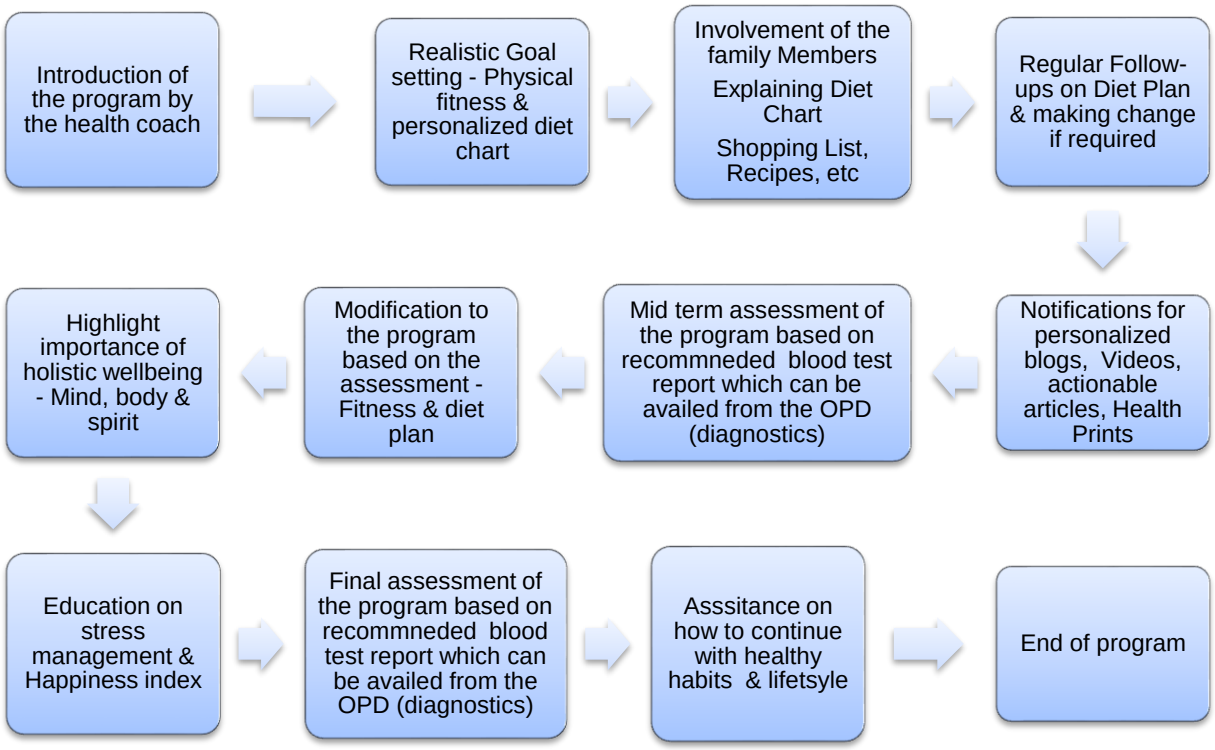
Table H (for renewal customers)

Medical Tests	Category 1 (Normal Program)	Category 2 (Health Management Program)
Glycosylated Hemoglobin (HbA1c)	< 6%	>6%
Blood Pressure reading	Systolic Up to 120 mm hg Diastolic Up to 80 mm hg	Systolic >120mm Diastolic > 80 mm
Low Density Lipoprotein (LDL)	< 100 mg/dl	>100 mg/dl
High Density Lipoprotein (HDL)	> or = 40 mg/dl	> 20 mg/dl
Serum cholesterol	< or = 200mg/dl	>200 mg/dl
Triglycerides	<or = 150 mg/dl	> 150 mg/dl
Body Mass Index (BMI)	< or = 32	>32

The HMP can also be voluntarily opted by Insured person(s) even if they are found to be fit, basis the wellbeing risk assessment, as a conscious step towards healthier living by paying the requisite premium for it and avail the benefits of the HMP.

How does the HMP work?

It offers personalized healthcare & lifestyle care management by a Health Coach using digital platform for chronic & lifestyle related diseases. The health parameters of the Insured Person will be monitored under the guidance of a professional health coach



Additional components of HMP: -

- Reminders on medicines and diagnostic test
- The insured person will also be eligible for an additional 3 Tele-consultations & 3 e-counselling sessions

11. Ambulance Assistance

We shall arrange ground medical transportation by a Health Service provider to transport the Insured Person to the nearest Hospital or any clinic or nursing home for medically necessary treatment subject to availability of services in that particular city/location. Kindly visit our mobile application for updated list of cities/locations where the services are provided.

1. The services under this Benefit are subject to the following conditions:
   - The medical transportation is for a life threatening health condition of the Insured Person which requires immediate and rapid transportation to the Hospital; as certified in writing by the Medical practitioner
   - The Insured Person is in India and the treatment is in India only;
   - The ambulance service is availed within the same city

How to Call an Ambulance?

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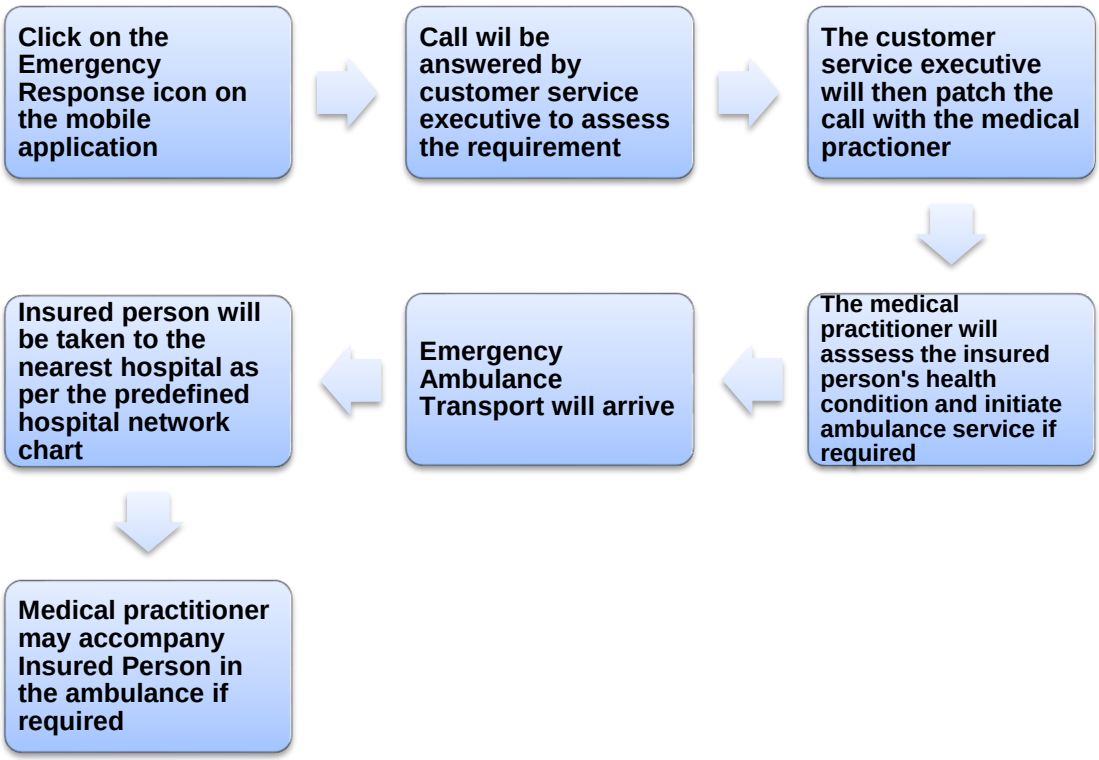


Disclaimer: This is only an assistance service to arrange for an ambulance, the cost of the ambulance has to be borne by the Insured Person himself/herself, as per the invoice provided at the time of availing the service. There is no restriction on the number of times the Ambulance Assistance can be availed.

12. Value Added Services

We at the request of the Insured Person shall arrange or shall facilitate the following additional services through Our empanelled health service provider

- Deals & Discounts on services/products provided by our network providers/ Health service providers – We shall only facilitate the Insured Person in availing deals and discounts on services/products offered by our network providers/ health service providers. In case of exhaustion of annual sum insured under the BeFit rider benefits mentioned above, the Insured Person can still avail the discount provided by our network providers/health service providers, in which case the actual cost of the product/service shall have to be borne by the Insured Person.
- Health Assistance (HAT)

13. Health Assistance (HAT)

We also provide Health Assistance as a part of Our Value added services, Our Health Assistance Team (HAT) shall assist the Insured Person in understanding the health condition better by providing answers to any queries related to health service provider through our mobile application.

The services provided under this shall include:

- Identifying a Physician/ Specialist
- Scheduling an appointment with any Medical Practitioner empanelled with Us
- Scheduling appointments for a second opinion
- Providing suitable options with respect to Hospitals as well as providing assistance in Cashless facility, wherever applicable.
- Providing preventive information on ailments
- Providing guidance on post Hospitalization care, such as Physiotherapy/ Nursing at home.

Please note that services provided under this Benefit are solely for assistance, and should not be construed to be a substitute for a visit/ consultation to an independent Medical Practitioner. This Benefit does not include the charges for any independent Medical Practitioner/nutritionist consulted on HAT's recommendation, and such charges are to be borne by the Insured Person.

Disclaimer:

- Choosing the option is purely on insured person's discretion and at own risk. We are only acting as facilitators and are not liable for any costs of the services.
- We do not accept any liability towards quality of the services made available by our network providers/ health service providers and are not liable for any defects or deficiencies on their part
- Service facilitation is subject to availability of Health Service provider at the requested location
- In case of Emergency, please visit the nearest hospital without waiting for assistance service
- In case of cancellation/delay of appointment due to unavoidable circumstances insured person can proceed to the nearest hospital as per own choice.
- Cost of service rendered by the Health Service provider should be borne by the insured person unless cashless service confirmation is provided by ICICI Lombard

How to avail Health Assistance services?

This service is available from 8am to 8pm from Monday to Saturday except public holidays

By availing this service, the Insured person agrees and has no objection to the health records being maintained with Us for internal use only.

While deciding to obtain such value added service, the Insured person(s) expressly notes and agrees that it is entirely for them to decide whether to obtain these services and also to decide the use (if any) to which these services are to be put for.

e) Exclusions

All exclusions as mentioned in the Base Product will be applicable to the BeFit rider unless otherwise stated and covered in Section II of BeFit Rider policy wordings.

i. Standard Exclusions

Code- Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care

a) 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.

ii. Specific Exclusions (Exclusions other than those mentioned under e(i) above)

1. **Waiting Period:** There shall be a waiting period of 30 days applicable for all benefits under this BeFit rider.

2. **General Condition:** We shall not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this BeFit rider.

   a. Medical Exclusion:

   i. Inpatient treatment and day care treatments shall not be covered under this product

   b. Non- Medical Exclusions:

   i. Any item(s) or treatment specified in list of excluded expenses (non-medical) and available on Our web site, unless specifically covered under the BeFit rider.

f) General Terms & Clauses

All general terms and conditions as mentioned in the Base Product will be applicable to the BeFit rider unless otherwise stated.

Policy duration of the BeFit Rider shall be a minimum period of 1 year and a maximum period of 3 years subject to the tenure of the Base Product.

i. Standard General Terms and Conditions

Redressal of Grievances

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

The 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 the 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 the 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

ii. Specific Terms and Clauses (terms and clauses other than those mentioned under f(i))

1. **Notices**

   Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

   In Your case, at Your last known address.

   In Our case:

   ICICI Lombard General Insurance Company Limited

   ICICI Lombard House

   414, Veer Savarkar Marg,

   Near Siddhi Vinayak Temple,

   Prabhadevi, Mumbai 400025

   Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

2. **Cancellation**

   a) The Policyholder may cancel this Policy at any time by giving Us 7 days written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per the base health product if and only if no claim

has been made under this BeFit Rider.

b) The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, established fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or established fraud.

3. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified, during normal business hours.

g) Other Terms and Conditions

CLAIM PROCEDURE

All claims will be adjudicated only on cashless basis via our mobile application and are subject to the terms, conditions, waiting periods and exclusions of the BeFit rider and the availability of the Annual sum insured.

Cashless facility is only available at specific Network Providers/Health Service Provider available on the mobile application. We reserve the right to modify, add or restrict any Network Provider/Health Service Provider for Cashless facility at Our sole discretion.

- To avail of Cashless facility at the health service provider / Network Provider, the Insured Person/claimant is required to produce information on the health card available on the application for verification and validation. The request shall be considered after having obtained accurate and complete information for the Illness or Injury, where applicable, for which Cashless facility is sought and We shall confirm the request digitally.
- In case the services availed exceed the eligibility of the BeFit Rider, the difference shall have to be paid directly to the Hospital/Network Provider/Health Service Provider by the Insured person/claimant.
- To avail the benefits and services under the BeFit Rider, Insured Person shall need to raise a request through mobile application
- The Routine diagnostic and minor procedure cover /Pharmacy cover services shall only be covered for prescriptions by an empaneled Network Medical Practitioner through the Mobile Application.

(A) For Cashless Settlement

Cashless treatment is only available at a Network Provider (List of Network Providers is available at our website). In order to avail of cashless treatment, the following procedure must be followed by You:

Pre-authorization

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Provider, You must contact the Company or Our in house claim processing team accompanied with full particulars namely, Policy Number, Your name, Your relationship with Proposer, nature of Illness or Injury, name and address of the Medical Practitioner/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorisation at least 48 hours before a planned Hospitalisation and in case of an emergency situation,

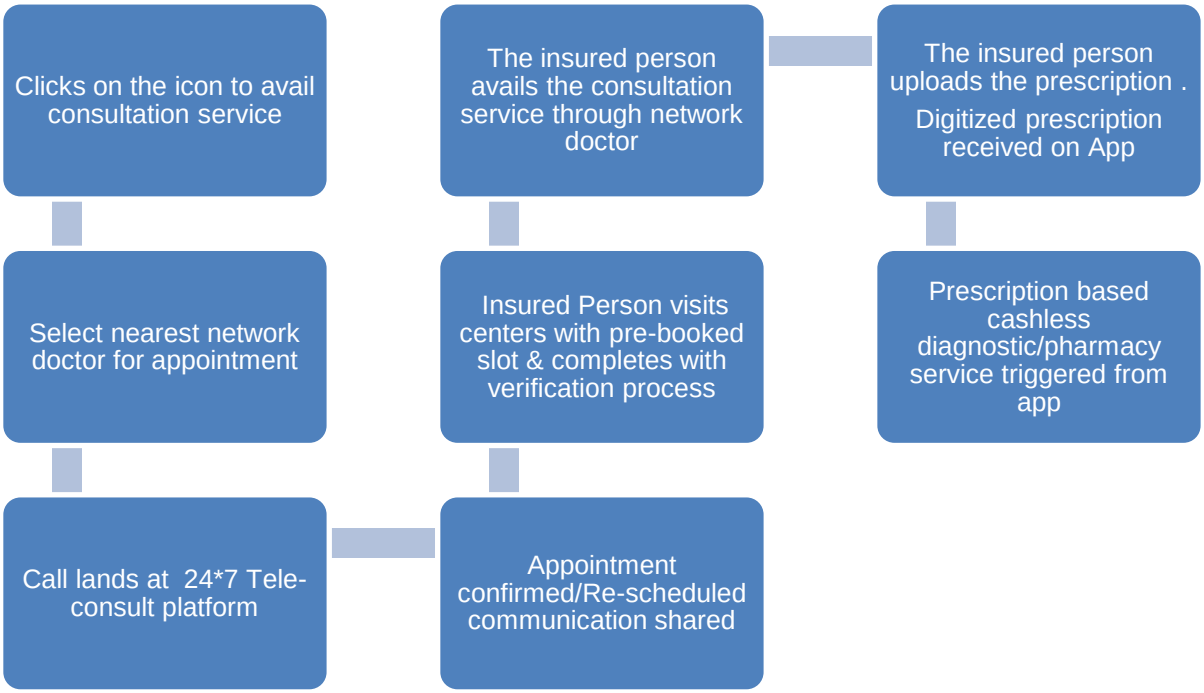
within 24 hours of Hospitalisation. To avail of Cashless Hospitalisation facility, you are required to produce the health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card Or You can seek pre authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalisation facility is sought by You and We will confirm Your request in writing.

How to avail the cashless services under the BeFit rider on the mobile application:

1. The Insured Person will have to download the mobile application from the app store/playstore. Post download the insured person will have to complete the registration process and login to the home page.

2. On the home page, the Insured person will have to go to visit the out-patient service section like consultation, diagnostics and pharmacy

   A schematic representation of the claims process is as below



Annexure A – List of Routine and Preventive Health check- up tests that are a part of the Section II. 8. Preventive care

This list is subject to amendment from time to time.

Package	**Plan C**	**Plan D**	**Plan E**	**Plan F**
Parameters				
Vitals				
BP	Y	Y	Y	Y
Pulse rate	Y	Y	Y	Y
WHR	Y	Y	Y	Y
BMI	Y	Y	Y	Y
SPO2	Y	Y	Y	Y
Weight	Y	Y	Y	Y
Blood Parameters				
ESR		Y	Y	Y
TSH	-	-	Y	Y
T3	-	-	Y	Y
T4	-	-	Y	Y
T Cholestrol	-	-	-	-
LDL	Y	Y	Y	Y
VLDL	Y	Y	Y	Y
HDL	Y	Y	Y	Y
Triglyceride	Y	Y	Y	Y
HBA1C	Y	Y	Y	Y
Urine Sugar	-	Y	Y	Y
Creatinine	Y	Y	-	-
BUN	Y	Y	Y	Y
Uric acid	-	Y	Y	Y
Vitamin B12	-	-	-	Y