Prospectus and Sales Literature

Contents

ELIGIBILITY:..... 2
- Minimum Entry Age..... 2
- Maximum Entry Age..... 2
- Lifetime renewability..... 2
- Number of members..... 2
- Relationships covered..... 2
- Tenure of BeFit Rider..... 2
- Plans..... 2
- Premium Calculation..... 2
- Payment of Claims..... 3

BENEFITS UNDER THE BEFIT RIDER:..... 3
1. Outpatient Consultations:..... 3
2. Routine Diagnostic Cover and Minor Procedure Cover..... 4
3. Pharmacy Cover..... 4
4. Physiotherapy Session..... 5
5. Tele-consultation..... 5
6. E-counseling..... 6
7. Diet and Nutrition e-consultation..... 6
8. Preventive Care..... 6
9. Wellbeing Program..... 6
10. Health Management Program (HMP)..... 10
11. Ambulance Assistance..... 15
12. Value Added Services (VAS)..... 16

EXCLUSIONS (WHAT WE WILL NOT PAY)..... 16
CLAIM PROCEDURE:..... 17
PART III: General Terms & Conditions..... 18
1. Notices..... 18
2. Customer Service..... 19
3. Redressal of Grievances..... 19

Tax Benefit:..... 19

ELIGIBILITY:

- **Minimum Entry Age** – The minimum entry age for an individual is 6 years. Children between the ages of 3 months to 5 years can be insured under a floater plan only.
- **Maximum Entry Age** – The Maximum entry age shall be restricted to 65 years. Maximum age for dependent children under a floater BeFit rider is 20 years.
- **Lifetime renewability** – There is no maximum age limit for Renewal.
- **Issuance of BeFit Rider –** The BeFit Rider can only be bought along with the Base Product and cannot be bought in isolation or as a separate product. This 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.
- **Number of members** – A maximum of 5 members can be added in a single BeFit Rider, on a family floater basis - 2 adults and a maximum of 3 dependent children can be included.
- **Relationships covered** – Self, Spouse, Dependent children, Dependent Grandchildren, Dependent parents, Dependent Parents in law, Siblings and grandchildren. Dependent Child means a child (natural/legally adopted/ step child), who is financially dependent on the primary insured or proposer and does not have His/ Her independent sources of income up to the age of 20 years.
- **Tenure of BeFit Rider –** The BeFit Rider shall be issued for a minimum duration of 1 year and a maximum duration of 3 years as per the Base Product
- **Plans** – The BeFit rider will be offered via ways of plans A, B, C, D, E and F mentioned below

	Plan					
Table of Benefits	**A**	**B**	**C**	**D**	**E**	**F**
Outpatient Consultations	-	-	6	8	12	18
Routine Diagnostic & Minor Procedure cover	-	1,000	1,000	2,000	3,000	5,000
Pharmacy cover	-	1,000	1,000	2,000	3,000	5,000
Physiotherapy Session	-	-	6	8	10	12
Tele-Consultation	12	12	12	12	18	Unlimited
e-Counselling	6	6	6	8	12	Unlimited
Diet & Nutrition e-consultation	6	6	6	8	12	Unlimited
Preventive care	-	-	Yes	Yes	Yes	Yes
Wellbeing Program	Applicable					
Health Management Program (HMP)	Not Applicable	If opted by You voluntarily OR basis Your health condition				
Ambulance Assistance	Applicable					
Value Added Services	Applicable					

- **Premium Calculation -** In a family floater BeFit rider, the age of the eldest member will be considered while computing basic premium for all the members

covered under the family floater. Change in plans opted for, Any change in tax laws by the government may also alter the premium calculation

- **Payment of Claims** - All benefits under this BeFit rider can be availed on cashless basis only.

BENEFITS UNDER THE BEFIT RIDER:

The Benefits listed below are in-built benefits and shall be available to You in accordance with the procedures set out in this BeFit rider.

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 BeFit 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 year.

Choosing the services under this BeFit Rider is purely upon Your own discretion and at own risk. The services provided under the various covers are via third party health service providers/ network providers and we are not responsible for liability arising out of them.

You should seek assistance from a medical practitioner should You still have any concerns about Your 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 will pay You for 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 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.

   We will also provide for e-consultations of General Medical Practitioner or Specialist Medical Practitioner or Super Specialist Medical Practitioner or AYUSH medical practitioner registered in our network via chat, e-mail, online portal or mobile application. This benefit of e-consultation shall also be subject to the overall maximum number of times as specified against this benefit in the policy schedule.

   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 will pay You for the medical expenses incurred during the Policy Period for outpatient diagnostic tests recommended by Medical Practitioner under our cashless network in the mobile application in relation to any Illness contracted or Injury suffered by You during the Policy Period and for listed minor procedures undergone at a general practitioner or specialist/super-specialist 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 Your location provided such location is within the geographical reach of the Health Service Provider on the date of the request. This service will be subject to availability of Our empanelled Service provider.

List of Minor Procedures#

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 either covered under the pharmacy cover or 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 will pay You for the medical expenses incurred during the Policy Period 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 You 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 shall be excluded from the scope of this cover

4. Physiotherapy Session

We will cover medical expenses incurred by You for physiotherapy sessions with a qualified physiotherapist to treat any 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 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 will cover medical expenses incurred on telephonic/ virtual consultations and recommendations for any Injury sustained or Illness contracted by You during the Policy Period by a qualified Medical Practitioner or health care professional subject to the overall maximum number of consultations as specified against this benefit in the policy schedule. For the purpose of this benefit Telephonic/Virtual consultation shall mean consultation provided by a qualified 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 will be made available 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 will be available 24 hours a day, and 365 days in a year.
- We/Medical Practitioner/Healthcare professional may refer You 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 will cover expenses incurred by You on e-counseling session(s) with a Psychologist via our mobile application for providing assistance with 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 provided only through virtual modes of chat or tele via our mobile application.

7. Diet and Nutrition e-consultation

We will cover expenses incurred by You on diet and nutrition e-consultation during the Policy Period on a virtual platform via our mobile application maximum up to the number of sessions as specified against this benefit in the policy schedule.

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

8. Preventive Care

Adults aged 21 and above can avail a routine and preventive health check-up as per our pre- defined package (provided as annexure A to policy wordings) at our network providers or health service providers anytime during the Policy period

This benefit can be availed on cashless basis and is limited to once a year for each Adult. Your Health records shall be saved with Us in order to award wellbeing points as a part of the Wellbeing Program and may be made available to You in Your medical vault.

9. Wellbeing Program

Wellbeing program intends to promote, incentivize and reward You for Your healthy behavior through various wellbeing services. All the wellbeing activities as mentioned below in Table 1 enable You to earn wellbeing points which shall be monitored by the Health Coach.

The Health Coach shall only be available to Adults 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. You shall have access to the health coach on downloading and registering on the 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.

Post Registration and successful completion of Health Risk Assessment [HRA], You shall be evaluated by the Health Coach to assess and educate You on adapting a healthy lifestyle

Table 1. Journey of earning Wellbeing points (Refer TABLE A in Policy wordings)

Sr No	Category	Activity Details	Maximum Wellbeing Points Earned per Adult*
A	**On boarding (mandatory to unlock earnings from other points based slabs)**	Addition of BeFit Rider Details	500
		E-card Verification	300
B	**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
C	**Wellbeing activities**	ICICI Lombard initiated Contest/ health quiz (Any one contest)	200
		ICICI Lombard initiated Webinar (Any one webinar)	200
D	**Wellbeing Tasks**	Achieving targeted steps per month	Maximum of 2400 per year
E	**Fitness challenge**	Participation and successful completion of fitness challenge	250 per challenge, maximum of 500 points
F	**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.

BeFit Benefit

The Befit Benefit has been designed to reward You for Your healthy behavior displayed throughout the year, which in turn resulted into partial utilization of the following covers:

1) Routine Diagnostic and Minor Procedure cover
2) Pharmacy cover.

The benefits are as per the Table 2 below:

Table 2. Befit Benefit (Refer TABLE C in Policy wordings)

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 You (i.e. premium excluding GST) as mentioned on the policy certificate

For example, Your basic premium 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. In case You utilize only INR 300 overall, You shall be awarded 5000 wellbeing points as a part of the BeFit Benefit.

Also, As a Reward for Your loyalty and long association with us, We shall increase the Rupee value of the Wellbeing Points Year on Year as per the Table 3 below:

Table 3. Increase in Rupee Value of Wellbeing Points (Refer TABLE D in Policy wordings)

	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

Redemption of Wellbeing Points

The Wellbeing points earned by You (as detailed in Tables 1 & 2) can be redeemed in any of the below mentioned ways

1. Discount on Renewal premium- The Wellbeing points earned by You can be redeemed to avail a discount on renewal premium. However, the maximum discount that You can avail shall be as per the Table 4 below:

Table 4. Maximum discount that can be availed by Insured Person (Refer TABLE E in Policy wordings)

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 You (i.e. premium excluding GST) as mentioned on the policy certificate

2. Wellbeing points accumulated by You (as detailed in Table 1 & 2) 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 5 is a road map journey of 5 years for an individual BeFit rider

Table 5. Illustration for redemption of Wellbeing Points (Refer TABLE F in Policy wordings)

	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.

For detailed Terms and conditions, disclaimers for availing the Wellbeing Program, kindly refer to the policy wordings

10. Health Management Program (HMP)

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

You 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/ lifestyle diseases, You shall be mandatorily shifted to HMP at the time of renewal of the BeFit rider. This mid-term assessment will be carried out every year to monitor Your health condition.

Your lifestyle/health conditions that shall be considered for HMP will include below listed 37 health conditions.

1. Hypertension *(refer levels defined in Table 6 & 7)*
2. Diabetes Mellitus *(refer levels defined in Table 6 & 7)*
3. Obesity *(refer levels defined in Table 6 & 7)*
4. Hyperlipidemia *(refer levels defined in Table 6 & 7)*
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 You qualify for the HMP, You shall have to pay the HMP premium and follow the customized HMP which has been designed to achieve Your respective health goals. You will have to be part of the HMP for a consecutive period of 2 years.

Post the successful completion of 2 years in the HMP, Your health condition will be reviewed by the health coach. Basis the health condition at the time of review, it will be decided whether You need to continue with the HMP or not.

The health check-up outcomes that will be used for categorization purpose of Hypertension, Diabetes Mellitus, Obesity, Hyperlipidemia are as Table 6 & 7below:

Table 6 (applicable for first time buyer) (Refer Table G in policy wordings)

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 7 (for renewal customers) (Refer Table H in policy wordings)

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. (refer rate chart below for HMP premium).

Note:

1. Customers who are classified into Category 1 will pay premium for Normal program, if they do not voluntarily opt for HMP (refer rate chart below for Normal Program premium)

2. Customers who are classified into Category 2 as mentioned in Table 6 & 7 and who are diagnosed with any of the listed 37 conditions post policy issuance (as mentioned in point no 10, health management program), will be offered HMP only on payment of HMP premium. (refer rate chart below for HMP premium)

3. Policy issuance is subject to underwriting guidelines of the base product

Rate Chart:

Normal Program Premium (NP)
Health management Program Premium (HMP)

Age Bands/Plans		Individual					
		A	B	C	D	E	F
0-45 years	NP	297	1,054	2,728	3,748	4,824	6,558
	HMP	-	1,424	3,683	5,059	6,513	8,854
46years- 65 years	NP	297	1,160	3,001	4,123	5,306	7,214
	HMP	-	1,566	4,052	5,565	7,164	9,739

>65 years	NP	297	1,265	3,274	4,497	5,789	7,870
	HMP	-	1,708	4,420	6,071	7,815	10,624

Age Bands/Plans		2A					
		A	B	C	D	E	F
0-45 years	NP	532	1,407	3,183	4,515	5,868	8,166
	HMP	-	1,776	4,138	5,826	7,557	10,462
46years- 65 years	NP	532	1,548	3,501	4,966	6,455	8,983
	HMP	-	1,954	4,551	6,409	8,312	11,508
>65 years	NP	532	1,689	3,819	5,418	7,042	9,800
	HMP	-	2,132	4,965	6,992	9,068	12,554

Age Bands/Plans		2A1C					
		A	B	C	D	E	F
0-45 years	NP	794	1,979	3,824	5,170	6,806	9,593
	HMP	-	2,348	4,779	6,482	8,495	11,888
46years- 65 years	NP	794	2,176	4,206	5,687	7,487	10,552
	HMP	-	2,582	5,257	7,130	9,344	13,077
>65 years	NP	794	2,374	4,589	6,204	8,167	11,511
	HMP	-	2,817	5,734	7,778	10,194	14,266

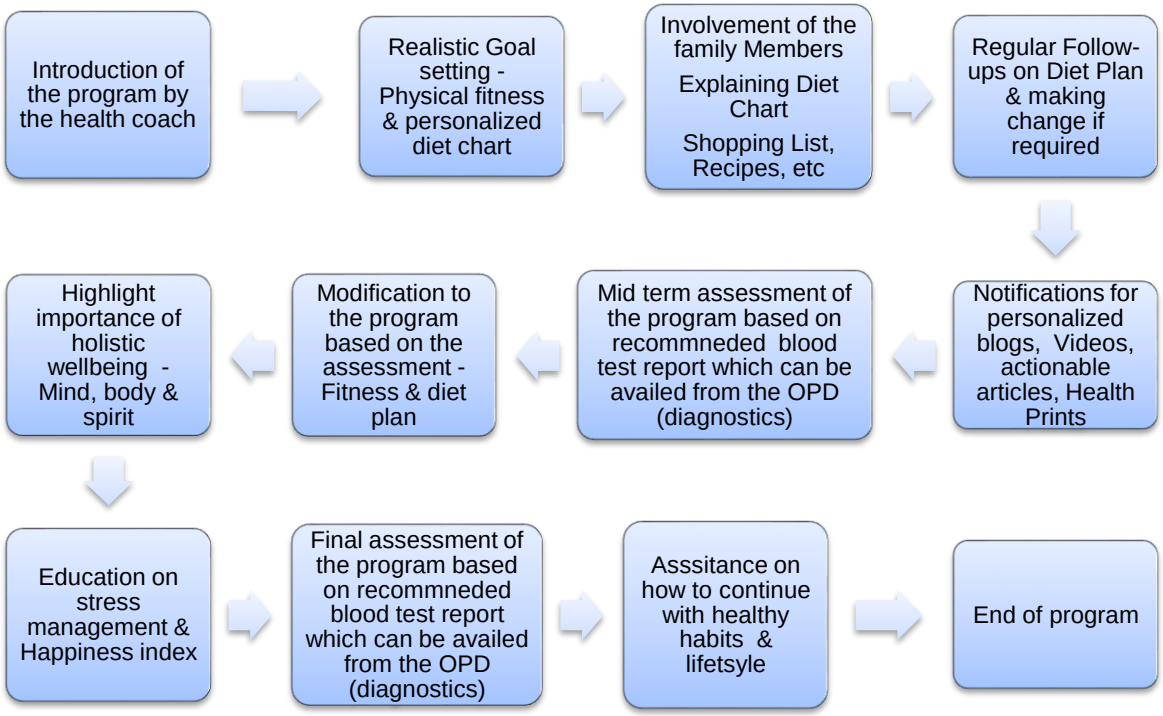
Age Bands/Plans		2A2C					
		A	B	C	D	E	F
0-45 years	NP	1,053	2,403	4,262	5,776	7,642	10,793
	HMP	-	2,772	5,217	7,087	9,331	13,089
46years- 65 years	NP	1,053	2,644	4,688	6,353	8,406	11,873
	HMP	-	3,050	5,739	7,796	10,264	14,398
>65 years	NP	1,053	2,884	5,114	6,931	9,171	12,952
	HMP	-	3,327	6,260	8,505	11,197	15,707

Age Bands/Plans		1A1C					
		A	B	C	D	E	F
0-45 years	NP	532	1,407	3,183	4,515	5,868	8,166
	HMP	-	1,776	4,138	5,826	7,557	10,462
46years- 65 years	NP	532	1,548	3,501	4,966	6,455	8,983
	HMP	-	1,954	4,551	6,409	8,312	11,508
>65 years	NP	532	1,689	3,819	5,418	7,042	9,800
	HMP	-	2,132	4,965	6,992	9,068	12,554

Age Bands/Plans		1A2C					
		A	B	C	D	E	F
0-45 years	NP	794	1,979	3,824	5,170	6,806	9,593
	HMP	-	2,348	4,779	6,482	8,495	11,888
46years- 65 years	NP	794	2,176	4,206	5,687	7,487	10,552
	HMP	-	2,582	5,257	7,130	9,344	13,077
>65 years	NP	794	2,374	4,589	6,204	8,167	11,511
	HMP	-	2,817	5,734	7,778	10,194	14,266

Age Bands/Plans		2A3C					
		A	B	C	D	E	F
0-45 years	NP	1,311	2,824	4,915	6,630	8,774	12,337
	HMP	-	3,193	5,870	7,942	10,463	14,632
46years- 65 years	NP	1,311	3,107	5,407	7,293	9,652	13,571
	HMP	-	3,513	6,457	8,736	11,509	16,095
>65 years	NP	1,311	3,389	5,898	7,956	10,529	14,804
	HMP	-	3,832	7,044	9,530	12,555	17,559

How does the HMP work?



Additional components of HMP: -

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

11. Ambulance Assistance

We will facilitate through Our Health Service provider ground medical transportation to transport You to the nearest Hospital or any clinic or nursing home for medically necessary treatment

This is only an assistance service to arrange for an ambulance, the cost of the ambulance has to be borne by You 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.

Kindly visit our mobile application for updated list of cities/locations where the services are provided.

12. Value Added Services (VAS)

We at Your request will arrange or will facilitate the following additional services through Our empanelled health service provider

- Deals and Discounts on services or products provided by our network providers/ Health service providers– We shall only facilitate You 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, You 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 You.
- Health Assistance (HAT) – We will assist You in understanding Your health condition better by providing answers to any queries related to health service provider on Our dedicated helpline or through our app/other digital means from 8am to 8pm from Monday to Saturday except public holidays

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

EXCLUSIONS (WHAT WE WILL NOT PAY)

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.

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

2. **General Condition:** We will 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 will not be covered under this product
      ii. **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.

   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.

1. 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.

2. 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.

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

CLAIM PROCEDURE:

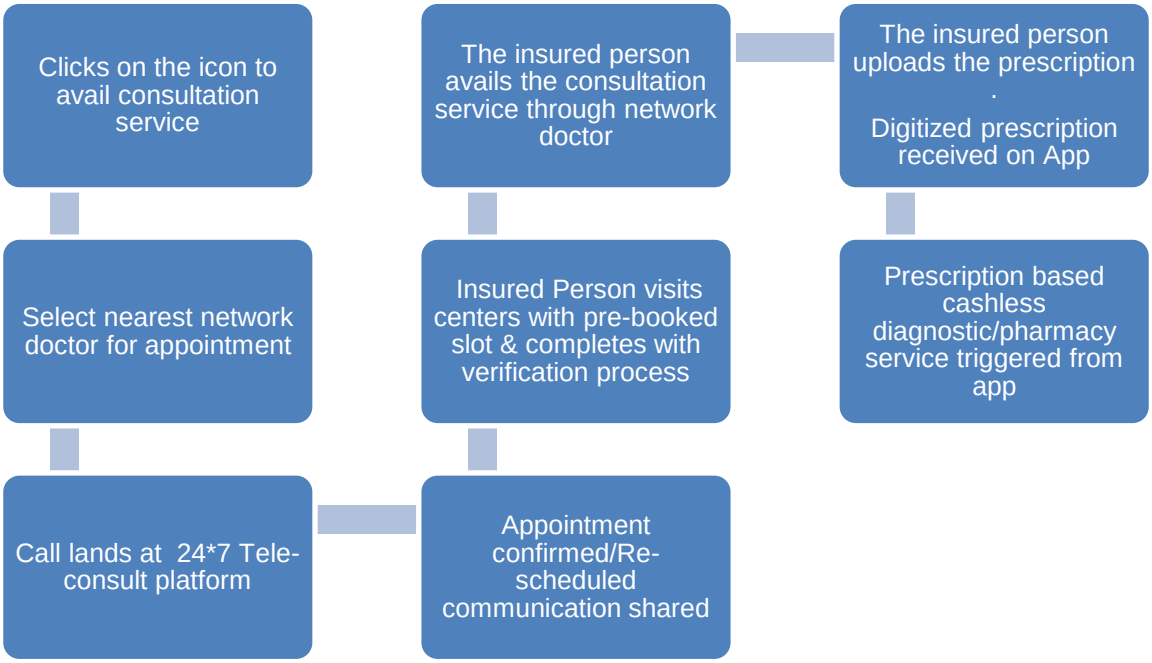
All claims will be adjudicated only on cashless basis via our mobile application and are subject to the terms, conditions, awaiting periods and exclusions of the BeFit rider and the availability of the Annual sum insured.

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, You are 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 will confirm the request digitally.
- In case the services availed exceed the eligibility, the difference will have to be paid directly to the Hospital/Network Provider/Health Service Provider by You.
- To avail the benefits and services under the BeFit Rider, You 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.

How to avail the cashless services on the mobile application



PART III: General Terms & Conditions

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

3. 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.

4. 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.

5. Redressal of Grievances

ln 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 lnsured 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.

lf the lnsured 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

lf the lnsured 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

Tax Benefit:

Tax benefit can be availed on premiums paid under Health sections of this BeFit rider, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter.

Note: Policy terms & conditions and Premium rates are subject to change as per regulatory prescriptions. Tax benefits are subject to changes in tax laws. Please consult your financial/tax advisor for more details.

Prohibition on Rebates - Section 41 of the Insurance Act 1938 stipulates as follows:

"(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document and seek the advice of your insurance advisor before concluding sale.