

Group Health (Floater) Insurance

Customer Information Sheet/ Know Your Policy

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

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	<u>Name of Insurance Product/Policy</u> Group Health (Floater) Insurance	
2.	<u>Policy Number</u> XXXXX	Policy Schedule
3.	<u>Type of Insurance Product/Policy</u> Both Indemnity and Benefit	
4.	<u>Sum Insured</u> <u>Basis:</u> - Individual Sum Insured- ₹ XXX -where each member has a separate Sum Insured under the policy - Floater Sum Insured – ₹ XXX - where all members under the policy have a single Sum Insured limit which may be utilized by any or all members Sum Insured: ₹ xxxx ₹ xxxx	Policy Schedule
5.	<u>Policy Coverage (What the policy covers?)</u> <u>Expenses in respect of:</u> <u>Base Cover:</u> - Indemnification of medical expenses incurred by the insured during: - IPD hospitalization, - Day Care hospitalization - Includes AYUSH hospitalization, Technological advancements and treatments, Bariatric surgery and mental treatment	Part I of policy, Part II: Clause No. II Scope of Cover- In-Patient Hospitalization Cover & Day Care Treatment Cover
	<u>Optional Covers:</u> - Cover for Pre-Existing Disease - Maternity Expenses - Out Patient Department (OPD) Expenses - Cost of Prescribed External Medical Aid - Baby Day One Cover - Critical Illnesses Cover - Travel Expenses for Medical Treatment - Dental Expenses - Cover for Alternate Methods of Treatment - Donor Expenses - Ambulance Charges	Part I of policy (Policy Schedule) & Part II: Clause II.3: Add ons/ Extensions Policy Schedule & II.3.1 Policy Schedule & II.3.2 Policy Schedule & II.3.3 Policy Schedule & II.3.4 Policy Schedule & II.3.5 Policy Schedule & II.3.6 Policy Schedule & II.3.7 Policy Schedule & II.3.8 Policy Schedule & II.3.9 Policy Schedule & II.3.10 Policy Schedule & II.3.11

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

UIN: ICILGP26055V072526

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off Veer Savarkar Road,
Nr Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.

Product Name: Group Health (Floater) Insurance

Toll free No. : 1800 2666

Alternate No.: 86552 22666 (Chargeable)

Website: www.icicilombard.com

E-mail : customersupport@icicilombard.com

Sr. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
12.	Pre and Post Hospitalisation	Policy Schedule & II.3.12
13.	Health Check-Up	Policy Schedule & II.3.13
14.	Disease-Wise Sub-Limit	Policy Schedule & II.3.14
15.	Domiciliary Hospitalisation	Policy Schedule & II.3.15
16.	Treatment Outside India	Policy Schedule & II.3.16
17.	Convalescence Benefit	Policy Schedule & II.3.17
18.	Loss of wages/salary due to Hospitalisation (Hospital Daily Cash Allowance)	Policy Schedule & II.3.18
19.	Cover for allied hospital charges	Policy Schedule & II.3.19
20.	Limit on room rent, nursing charges, consultation fees, diagnostic charges, OT charges etc	Policy Schedule & II.3.20
21.	Wellness & Preventive Care	Policy Schedule & II.3.21
22.	Proportionate deduction waiver	Policy Schedule & II.3.22
23.	Change of Gender treatment expenses	Policy Schedule & II.3.23
24.	Infertility treatment expenses	Policy Schedule & II.3.24
25.	External congenital anomaly cover	Policy Schedule & II.3.25
26.	Vaccination expenses	Policy Schedule & II.3.26
27.	Treatment for correction of eyesight due to refractive error	Policy Schedule & II.3.27
28.	Age Related Macular Degeneration cover	Policy Schedule & II.3.28
29.	Bereavement cover	Policy Schedule & II.3.29
30.	Investigation & Evaluation Expenses	Policy Schedule & II.3.30
31.	Oocyte Donor	Policy Schedule & II.3.31
32.	Autism Cover	Policy Schedule & II.3.32
33.	Non-medical Expenses Cover	Policy Schedule & II.3.33
34.	Air Ambulance	Policy Schedule & II.3.34
35.	Compassionate Visit	Policy Schedule & II.3.35
36.	Home Health care	Policy Schedule & II.3.36
37.	Nursing at home	Policy Schedule & II.3.37
38.	Hazardous or adventure sports Cover	Policy Schedule & II.3.38
39.	Modification of initial waiting period	Policy Schedule & II.3.39
40.	Modification of first year exclusion	Policy Schedule & II.3.40
41.	Voluntary Co-payment	Policy Schedule & II.3.41
42.	Loss of Pay	Policy Schedule & II.3.42
43.	Top Up Cover	Policy Schedule & II.3.43
44.	Enhanced Sum Insured	Policy Schedule & II.3.44
45.	Animal/Snake Bite Cover	Policy Schedule & II.3.45
46.	Voluntary Deductible (Super Top Up)	Policy Schedule & II.3.46
47.	Corporate Floater	Policy Schedule & II.3.47
48.	Reinstatement of Corporate Floater Cover	Policy Schedule & II.3.48
49.	Reinstatement of Sum Insured	Policy Schedule & II.3.49
50.	Sleep Apnoea Cover	Policy Schedule & II.3.50
51.	Attendant Charges Cover	Policy Schedule & II.3.51
52.	Advance Cancer Treatment Cover	Policy Schedule & II.3.52
53.	Miscellaneous Buffer	Policy Schedule & II.3.53
54.	Second Opinion	Policy Schedule & II.3.54
55.	Two hour hospitalization	Policy Schedule & II.3.55
56.	In-patient hospitalization for Surrogacy	Policy Schedule & II.3.56
57.	PPN Advantage	Policy Schedule & II.3.57
58.	Accident Care	Policy Schedule & II.3.58

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6.	<u>Exclusions (What does the policy not cover)</u> <u>i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI): -</u> A. Pre-Existing Diseases - Code- Excl01 B. Specific Waiting Period: /Specified Disease/Procedure waiting period- Code- Excl02 C. 30-day waiting period- Code- Excl03 D. Investigation & Evaluation-Code- Excl04 E. Rest Cure, rehabilitation and respite care- Code- Excl05 F. Obesity/ Weight Control: Code- Excl06 G. Change of Gender treatments: Code- Excl07 H. Cosmetic or plastic Surgery: Code-Excl08 I. Hazardous or Adventure sports: Code- Excl09 J. Breach of law: Code- Excl10 K. Excluded Providers: Code- Excl11 L. Treatment for, Alcoholism, drug or substance abuse - Excl12 M. Treatments received in health spas, nature cure clinics, spas or similar establishments- Code- Excl13 N. Dietary supplements and substances that can be purchased without prescription- Code- Excl14 O. Refractive Error: Code- Excl15 P. Unproven Treatments: Code- Excl16 Q. Sterility and Infertility: Code- Excl17 R. Maternity: Code Excl18 <u>ii. Specific Exclusions:</u> 1. Circumcision whether or not necessitated by vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery unless necessary for treatment of a disease not excluded by the terms of the policy or as may be necessitated due to treatment of an accident. 2. The cost of spectacles and contact lenses, hearing aids. 3. Dental treatment or surgery of any kind unless requiring Hospitalisation. 4. Convalescence, general debility, run-down condition or rest cure, congenital external disease or defects or anomalies, intentional self-injury (whether arising from an attempt to suicide or otherwise) and use of intoxicating drugs and/or alcohol. 5. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any diseases, illness or injury whether or not requiring Hospitalisation/Domiciliary Hospitalisation. 6. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner. 7. 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:	II.2 Exclusions II.2.i II.2.i.A II.2.i.B II.2.i.C II.2.i.D II.2.i.E II.2.i.F II.2.i.G II.2.i.H II.2.i.I II.2.i.J II.2.i.K II.2.i.L II.2.i.M II.2.i.N II.2.i.O II.2.i.P II.2.i.Q II.2.i.R II.2.ii I.2.ii.1 I.2.ii.2 I.2.ii.3 I.2.ii.4 I.2.ii.5 I.2.ii.6 I.2.ii.7

Sr. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
	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.	
8.	Voluntary medical termination of pregnancy	I.2.ii.8
9.	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.	I.2.ii.9
10.	Any expenses incurred on Out Patient treatment	I.2.ii.10
11.	Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively	I.2.ii.11
12.	Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident	I.2.ii.12
13.	Treatment taken outside the geographical limits of India.	I.2.ii.13
14.	Personal comfort, cosmetics, convenience and hygiene related items and services	I.2.ii.14
15.	Acupressure, acupuncture, magnetic and other therapies	I.2.ii.15
16.	Expenses for venereal disease or any sexually transmitted disease except HIV.	I.2.ii.16
17.	Screening, counselling or Treatment relating to external birth defects and external congenital illnesses or defects or anomalies	I.2.ii.17
18.	Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)	I.2.ii.18
19.	Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.	I.2.ii.19
20.	Expenses for non-medical items listed in Annexure II shall not be covered under this Policy.	I.2.ii.20
21.	Any expenses incurred on second opinion, oocyte and surrogacy.	I.2.ii.21
22.	If any Add-On has been opted for as specified in Part II.3 of the Policy, or if any risk or condition otherwise excluded under the Policy has been specifically covered upon payment of an additional premium and is stated as such under the Special Conditions in Part I of the Policy Schedule, then the respective exclusion shall not be applicable to the extent of such cover.	I.2.ii.22
	For complete details of exclusions, please refer to Policy Wordings.	

Sr. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number																												
7.	<u>Waiting period</u> - Time period during which specified diseases/treatments are not covered - It is counted from the beginning of the policy coverage - Pre Existing Disease: Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of xx months of continuous coverage after the date of inception of the first policy with insurer. - Specific disease/procedure waiting period: Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of xx months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. - xx-day Waiting Period: Expenses related to the treatment of any illness within xx days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. Specific Waiting Periods: - Maternity Expenses: xx Months	Policy Schedule (Part I of Policy) & II.2 Exclusions Policy Schedule & I.2.i.A Policy Schedule & I.2.i.B Policy Schedule & I.2.i.C Policy Schedule (Part I of Policy)																												
8.	<u>Financial limits of coverage</u> <u>i. Sub-limit</u> (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit - Room Rent: xx - Maternity Benefit for Normal & C-Section: xx - Disease wise sublimits: xxxx <table><tr><th>Sr No</th><th>Diseases</th><th>Metro Locations in ₹</th><th>Non Metro Locations in ₹</th></tr><tr><td>1</td><td>Appendix</td><td>xxxx</td><td>xxxx</td></tr><tr><td>2</td><td>Hernia</td><td>xxxx</td><td>xxxx</td></tr><tr><td>3</td><td>Eye Related</td><td>xxxx</td><td>xxxx</td></tr><tr><td>4</td><td>Hysterectomy</td><td>xxxx</td><td>xxxx</td></tr><tr><td>5</td><td>Hydrocele</td><td>xxxx</td><td>xxxx</td></tr><tr><td>6</td><td>Piles</td><td>xxxx</td><td>xxxx</td></tr></table> <u>iii. Deductible</u> (It is a specified amount: - Up to which an insurance company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount) Deductible : xxxx <u>iv. Co-payment:</u> <u>Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by the policyholder / insured)</u> Co-pay applicable: xxxx <u>v. Any other limit (as applicable)</u> xxxx	Sr No	Diseases	Metro Locations in ₹	Non Metro Locations in ₹	1	Appendix	xxxx	xxxx	2	Hernia	xxxx	xxxx	3	Eye Related	xxxx	xxxx	4	Hysterectomy	xxxx	xxxx	5	Hydrocele	xxxx	xxxx	6	Piles	xxxx	xxxx	Policy Schedule (Part I of Policy)
Sr No	Diseases	Metro Locations in ₹	Non Metro Locations in ₹																											
1	Appendix	xxxx	xxxx																											
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6	Piles	xxxx	xxxx																											

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9.	<u>Claims/claims procedures</u> Cashless (Pre-Authorization) Procedure: Step 1 – Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. Step 2 – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) Step 3 – Request will be processed as per policy terms and conditions Step 4 – While you avail treatment the claim payment is settled directly to the Provider/Hospital Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp Reimbursement Procedure: Step 1 – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents. Step 2 – Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the ILTakecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. Step 3 – The claim will be processed as per policy terms and conditions Step 4 – The approved amount in the claim would be reimbursed to you To claim or check your claim status, use the IL TakeCare App or contact us on WhatsApp at +91 7738282666. For cashless hospitalization in a non-network hospital, contact health assistance at least 48 hours before admission or within 24 hours for emergencies. Use "Anywhere Cashless" through <i>IL TakeCare App's > Services We Offer > Health Assistance</i>. Available from 8am to 8pm, Mon to Sat (except public holidays). You can also reach them via email at healthassistance@icicilombard.com or through this web link: https://ilhc.icicilombard.com/Home/healthassistance. Note: Claim documents should be dispatched to below mentioned address: 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 In case of any claim queries, please write to ihealthcare@icicilombard.com or call 1800 2 666 (Toll Free) Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. Turn Around Time(TAT) for claim settlements- TAT for Pre-Authorization of Cashless Facility is within 1 hours from the receipt of last necessary document from Hospital. TAT for final cashless final bill authorization is within 3 Hours from the receipt of last necessary document from hospital. Turn Around Time (TAT) for Reimbursement claims – 15 days of receipt of claim form along with claim documents,	Part III of Policy: Claims administration III.1.a III.1.b

Sr. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
	Claim Form Download link https://ilhc.icicilombard.com/Customer/WelcomeOnlineIPDClaimForm Delisted Hospital Link https://www.icicilombard.com/docs/default-source/default-document-library/delisted-hospital-list.pdf	
10.	<u>Policy Servicing</u> You may contact us through our website www.icicilombard.com (Customer Support section "Grievance Redressal") or call us on our Toll Free no: 1800 2666, or email us at customersupport@icicilombard.com For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support	
11.	<u>Grievances/Complaints</u> - In case of any grievance the insured person may contact the Company through: - Website: www.icicilombard.com Toll free number: 1800 2666 Email: customersupport@icicilombard.com Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 - There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution - Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. 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 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 (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre (IGCC) at their toll free no. 1800 4254 732 / 155255. - Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com.	
12.	<u>Things to remember</u> Free Look cancellation: Not Applicable Policy renewal: Except on grounds of established fraud, or misrepresentation or non-disclosure, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Part III of Policy. 21

Sr. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
	Migration: In case of migration of this policy with the Company, 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: - The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. - The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company - The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines. - This benefit is not applicable for enhanced sum insured. Change in 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 increase in Sum insured, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration), your policy or claims can't be contested for non-disclosure or misrepresentation, except in cases of proven fraud. This is known as the moratorium period. This moratorium applies to the sum insured of your first policy. If you increase your sum insured, the 60-month period will restart for the increased amount only, from the date of enhancement.	Part III of Policy. 13 Part III of Policy. 12 Part III of Policy. 19
13.	Your Obligations Disclosure of Material Information during the Policy Period	Part III of Policy.1.

Declaration by the Policyholder:

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

Place:

Date: (Signature of the Policyholder)



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

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