Group Health Insurance

Customer Information Sheet

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

Sr. No.	Description	Policy Clause Number
1	**Product Name** Group Health Insurance	
2	**Policy number** XXXX	
3	**Type of Insurance Product/ Policy** Both Indemnity and Benefit	
4	**Sum Insured (Basis) (Along with amount)** Policy Type: Floater/Non Floater Sum Insured: XXXXXX	

5	**Policy Coverage (What the policy covers?)**
	• Indemnification of medical expenses incurred by the insured during:
	  • IPD hospitalization,
	  • Domiciliary hospitalization.
	
	Add-on Coverages
	
	• Pre-Post Hospitalization
	• Pre-Existing diseases.
	• Maternity Expense.
	• 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.
		clause no. (II)

6	**Exclusions (What the policy not cover)** • Investigation & Evaluation- Code- Excl04 • Rest Cure, rehabilitation and respite care- Code-Excl05 • Obesity/ Weight Control: Code- Excl06 • Hazardous or Adventure sports: Code- Excl09 • Breach of law: Code- Excl10 • Excluded Providers: Code- Excl11 • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12 • Cosmetic or plastic Surgery: Code- Excl08 • Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 • Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14 • Refractive Error: Code- Excl15 • Unproven Treatments: Code- Excl16 • Sterility and Infertility: Code- Excl17 • Maternity: Code Excl18 • The expenses on treatment of diseases, or illness such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders during the first year of operation of this policy. • Diseases, illness, accident or injuries directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not). • 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. • Cost of spectacles and contact lenses, hearing aid • Dental treatment or surgery of any kind unless requiring hospitalization. • Convalescence, general debility, run-down condition or rest cure, congenital external disease or defects or anomalies,	clause no. I

	intentional self-injury (whether arising from an attempt to suicide or otherwise) and use of intoxicating drugs and/or alcohol. • 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. • Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner. • Diseases, illness, accident or injuries directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. • Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception Note: For detailed description of Exclusions, kindly refer the policy wordings	
7	**<u>Waiting Period:</u>** **<u>Time period during which specified diseases/treatments are not covered</u>** **<u>It is counted from the beginning of the policy coverage</u>** • 30-day Waiting Period: Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. • Specific disease/procedure waiting period: Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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. • Pre Existing Disease: Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of	Clause no. I under Scope of Cover.

continuous coverage after the date of inception of the first policy with insurer

- Specific Waiting Periods

Maternity Expenses: 9 Months

Financial limits of coverage

1) Room Rent
2) Maternity Benefit for Normal & C-Section

Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)

Disease Wise Sub Limit:

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

Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by the policyholder / insured):

Deductible (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 claim amount is more than the specified amount):

Any other limit (as applicable): NA

8 — Policy schedule

9 **Claims/Claims Procedure**

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 **Turn Around Time(TAT) for Cashless claim settlements-** If You notify pre authorization request for cashless facility through any of our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within 3 hours of the receipt of discharge authorization request from the hospital. **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 **Turn Around Time(TAT) for Reimbursement claim settlements-**	g. Other terms & conditions

	For reimbursement claims, the claim will be processed within 15 days of receipt of claim along with claim form. 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 *IL TakeCare App's > Services We Offer > Health Assistance.* 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. <u>Note: Claim documents should be dispatched to below mentioned address:</u> 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. 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.	Clause no. 26, under

	For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support	Part III of Policy.
11	**Grievances/Complaints** 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 Address: ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution Insured person may also approach the grievance cell at any of the company's branches with the details of grievance 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.irdai.gov.in, or on the Company's website at www.icicilombard.com.	Clause no.26, under Part III of Policy
12	**Things to remember** **Free Look cancellation**: Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy	Clause no. 12.

document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges.

If you wish to cancel the policy, contact us through our website www.icicilombard.com(Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com.

Policy renewal: Except on grounds of established fraud, or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn
and also subject to Moratorium conditions as provided in the policy

Migration: In case of migration of indemnity based health insurance policy (except Personal Accident and Travel Policies) with the same Insurer, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Portability:

a. 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.**

b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company

c. The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines.

d. This benefit is not applicable for enhanced sum insured.

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	
13	**Your Obligations** Disclosure of Material Information during the Policy Period	Clause no. 14

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policy

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

Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.