

ICICI Lombard – Health Shield Inclusive

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> Health Shield Inclusive	
2.	<u>Policy Number</u> XXXXXX	
3.	<u>Type of Insurance Product/Policy</u> Indemnity	
4.	<u>Sum Insured</u> Basis- Individual Sum Insured ₹ XXXX - where each member has a separate sum insured under the policy	
5.	<u>Policy Coverage (What the policy covers?)</u> Expenses in respect of: Basic Covers: - 1. In-patient Treatment: Up to the Annual Sum Insured for admission longer than 24 consecutive hours. Room Rent charges 1% of SI and for ICU- 2% of SI. 2. Day Care Procedures/Treatment –for a continuous period of less than 24 hours. 3. Technological advancements and Treatments – During policy period up to the annual Sum Insured. 4. Pre Hospitalization Medical expenses - 30 days before hospitalization up to the Annual sum insured.	d. benefits covered under the Policy Section d.A. 1 Section d.A. 2 Section d.A. 3 Section d.A. 4 Section d.A. 5

	5. Post Hospitalization Expenses –60 days after discharge from hospital up to the Annual sum insured 6. In Patient AYUSH Hospitalization- Up to Annual sum insured. 7. Domestic Road Ambulance Cover – For transfer to the nearest Hospital. In case of cashless claim; it will be covered as per actuals and limited to 1% of Annual Sum Insured maximum up to ₹ 10,000 in case ambulance services are reimbursed. 8. Donor Expenses - Covers hospitalization expenses for an organ donor, donating to the Insured Person up to Annual Sum Insured. 9. Domiciliary Hospitalization – Up to the Annual Sum Insured. 10. Bariatric Surgery Cover: We will cover medical expenses incurred in respect of Hospitalization of the Insured Person for Surgical Procedure/treatment for Obesity up to Annual Sum Insured, subject to the eligibility criteria and conditions specified in the policy wordings. This cover will have a waiting period of 2 years. 11. In Patient Hospitalization for Surrogate Mother: Covers Medical expenses incurred for inpatient hospitalization of the surrogate mother appointed by the intending couple/intending woman for complications arising out of pregnancy and post-partum delivery complications during the policy period, up to a maximum limit of Rs. 5 Lakhs. This cover is available only if policy tenure is of 3 years. 12. In Patient Hospitalization for Oocyte Donor: Covers Medical expenses incurred for inpatient hospitalization of the Oocyte donor appointed by the intending couple/ intending woman for complications arising due to oocyte retrieval during the policy period, up to a maximum limit of Rs. 5 Lakhs. This cover is available only if policy tenure is of 3 years.	Section d.A. 6 Section d.A. 7 Section d.A. 8 Section d.A. 9 Section d.A. 10 Section d.A. 11 Section d.A. 12
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6.	<u>Exclusions (What does the policy not cover)</u> i. Standard Exclusion 1.Code- Excl01- Pre-Existing Diseases a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) If the Insured Person is continuously covered without any break as defined under relevant regulatory prescriptions, then waiting period for the same would be reduced to the extent of prior coverage d) Coverage after the expiry of specified months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. 2. Code- Excl02- Specified Disease/Procedure waiting period/Specific Waiting Period a) Expenses for listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage post first policy inception. Not applicable for claims arising due to an accident. b) In case of enhancement of sum insured the exclusion reappears for increased sum insured. c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, the longer waiting period shall apply. d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. e) If the Insured Person is continuously covered without any break under the applicable norms of portability as per relevant regulatory prescriptions, then waiting period for the same would be reduced to the extent of prior coverage. List of specific diseases/procedure: • Cataract* • Benign Prostatic Hypertrophy	e. Exclusions under the policy i. Standard exclusions
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	• Myomectomy, Hysterectomy unless because of malignancy • All types of Hernia, Hydrocele • Fissures &/or Fistula in anus, haemorrhoids/piles • Arthritis, gout, rheumatism and spinal disorders • Joint replacements unless due to accident • Sinusitis and related disorders • Stones in the urinary and biliary systems • Dilatation and curettage, Endometriosis • All types of Skin and internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant • Dialysis required for chronic renal failure • Surgery on tonsils, adenoids and sinuses • Gastric and Duodenal erosions & ulcers • Deviated Nasal Septum • Varicose Veins/ Varicose Ulcers * 2 years after policy inception, the maximum liability arising out of any Claim from a cataract treatment claim shall be restricted to up to 10% of the Annual Sum Insured subject to a maximum of ₹ 50,000 per eye. 3.For treatment of the below mentioned illness within 90 days from the first policy commencement date unless they are pre-existing and disclosed at the time of underwriting i.Hypertension ii.Diabetes iii.Cardiac Conditions a) This exclusion does not apply if the Insured Person has continuous coverage for more than twelve months. b) The waiting period also applies to increased sum insured with higher coverage subsequently. 4.Code- Excl03-30-day waiting period a) 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.	
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	b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c) The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. ii. <u>Permanent Exclusions</u> i.Code- Excl04: Investigation & Evaluation a) Admission primarily for diagnostics and evaluation purposes only are excluded. b) Diagnostic expenses unrelated or not incidental to the current diagnosis and treatment. ii. Code- Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care For admission primarily for enforced bed rest and not for receiving treatment. This also includes: I. Custodial care at home or in a nursing facility for personal assistance by skilled nurses or non-skilled persons. II. Any services for people who are terminally ill to address their physical, social, emotional and spiritual needs. iii. Code- Excl06: Obesity/ Weight Control Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted based on Doctor advice 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); >= 40 or >= 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: - o Obesity-related cardiomyopathy - o Coronary heart disease - o Severe Sleep Apnea - o Uncontrolled Type2 Diabetes	
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	v. Code- Excl08: Cosmetic or plastic Surgery Excluded unless for reconstruction due to an accident, burn(s), cancer, or as part of medically necessary treatment. It must be certified by the attending medical practitioner to remove a direct health risk vii. Code- Excl10: Breach of law Expenses for or consequent to committing or attempting to commit a breach of law with criminal intent. viii. Code- Excl11: Excluded Providers Expenses incurred towards treatment in any hospital / by any Medical Practitioner / other provider specifically excluded by the Insurer, disclosed on the website notified to the policyholders are not admissible. However, in case of life threatening situations or an accident, expenses up to the stage of stabilization are payable but not the complete claim. Click here for the list of delisted hospital as on the website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf ix. Code- Excl12: Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. x. Code- Excl13: Treatments received in health spas, 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. xi. Code- Excl14: Dietary supplements and substances that can be purchased without prescription, not limited to vitamins, minerals and organic substances unless prescribed by a	
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	medical practitioner as part of hospitalisation claim or day care procedure. xiii. Code- Excl16: Unproven Treatments: Services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. xv. Code- Excl18: Maternity: i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy. ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period iii. <u>Specific Exclusion</u> a. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions. b. 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. c. Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required due to an Accident. d. Personal comfort, cosmetics, convenience and hygiene related items and services e. Acupressure, acupuncture, magnetic and other therapies f. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident. g. Expenses for venereal disease or any sexually transmitted disease except HIV.	ii. Specific Exclusions
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	h. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise). i. Any injury or illness arising from/attribution to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority j. For illness or injury not limited to the likes of nuclear weapons/materials or ionizing radiation, contamination by radioactivity or similar events.	(Other than those as specified under e.i. above)
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> • Initial waiting period: 30 days for all illnesses (except hospitalization due to injury) • Specific waiting periods: First 24 months, for specific Illness and treatment. (please refer to the policy wordings for the complete list) • Pre-Existing Diseases: Declared & accepted pre-existing diseases will be covered after 36 months of continuous coverage. • Expense related to hypertension, diabetes and cardiac conditions within 90days from the policy commencement date unless they are PED	Standard exclusions e.i.4 e.i.2 e.i.1 e.i.3
8.	<u>Financial limits of coverage</u>	

	<u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</u> The policy will pay only up to the limits specified hereunder for the following diseases/procedures: - For Cataract Treatment, a sub-limit of 10% of the Annual Sum insured subject to a maximum of ₹ 50,000 per eye is applicable Basic Covers - Room Rent Capping: Room Charges (Hospitalization): - Room Rent – Up to a maximum of 1% of SI/day - ICU charges – Up to a maximum of 2 % of SI/day - Domestic Road Ambulance Cover- limited to 1% of Annual Sum Insured maximum up to ₹ 10,000. - Bariatric Surgery Cover: up to 50% of Sum Insured maximum up to Rs. 1 Lakh. <u>Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u> Not Applicable <u>Deductible (It is a specified amount:</u> <u>Up to which an insurance company will not pay any claim, and</u> <u>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u> Not Applicable <u>Any other limit (as applicable)</u> Not Applicable	
9.	<u>Claims/claims procedures</u>	

	<u>Claims Procedure-</u> (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-authorization 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. (B) For Reimbursement Settlement i. You shall give notice to Us or Our In house claim processing team by calling the toll free number	g.l.1. Claims Procedure (Other terms and conditions)
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	1800 2666 or emailing us at customersupport@icicilombard.com as specified in the Policy provided to You and also in writing at Our address with particulars as below: • Policy number; • Your Name; • Your relationship with the Proposer; • Nature of Illness or Injury; • Name and address of the attending Medical Practitioner and the Hospital; • Any other information that may be relevant to the Illness/ Injury/ Hospitalisation The above information needs to be provided to Us or Our In house claim processing team immediately. ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends. iii. You or someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalisation expenses, within 30 days from the completion of post-hospitalisation period) deliver to Us the documentation (written details of the quantum of any Claim along with all original supporting documentation) as more particularly listed in CLAIM DOCUMENTS section collected from the hospital as the time of discharge along with the claim form. The claim will be processed within 15 days of receipt of the claim along with claim form and documents. However, in both the above cases i.e. g. Claim Administration I.1(A) & (B) You must take reasonable steps or measures to minimise the quantum of any Claim that may be covered under the Policy If so requested by Us, You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our In house claim	
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	processing team considers reasonable and necessary. The cost of such examination will be borne by Us. Turn Around Time(TAT) for claim settlements- - For reimbursements claims- TAT shall be 15 days from the date of receipt of claim form along with documents. - For cashless claims- TAT for response to the pre authorization request will be within 1 hours of receiving the request and 3 hours for final authorization. You shall be required to furnish the following documents for or in support of a reimbursement Claim: 1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com 2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner 3. Original bills from chemists supported by proper prescription. 4. Original investigation test reports and payment receipts. 5. Indoor case papers 6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it The relevant documents to be sent to ICICI Lombard Health Care, 1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016	
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	Download the Claim Form here https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-than-1-lac.pdf	
10	<u>Policy Servicing</u> - You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. - For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.	f. General terms and conditions
11	<u>Grievances/Complaints</u> In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf. If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa	f.16. General terms and conditions

	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	
12	<u>Things to remember</u> 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 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. Policy Renewal- The policy shall ordinarily be renewable except on ground of established fraud, misrepresentation, non-disclosure by the insured person provided the policy is not withdrawn and also subject to Moratorium conditions. - Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. - At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. - No loading shall apply on renewals based on individual claims experience. - The Company shall condone a delay in renewal up to the	f.i.15 General terms and conditions f.i.10 General terms and conditions f.i.8 General terms and conditions

	grace period from the due date of renewal without considering such condonation as a break in policy 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. In case you are desirous of migrating or outward porting of your policy, kindly contact us at customersupport@icicilombard.com Change in Sum Insured- Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time,	f.i.9 General terms and conditions
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	subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. Zone Based Pricing - Premium will be computed basis zone chosen by Insured Person. Moratorium Period- After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the Company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	
13	<u>Your Obligations</u> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • If there is misrepresentation, non-disclosure of material facts, fraud, or non-cooperation in the proposal form, personal statement, medical history, or claim documents, the policy becomes void. In such cases, any benefits obtained through fraudulent means result in the forfeiture of all paid premiums.	f.General terms and conditions.

Declaration by the Policy Holder:

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

Place:

Date: _____
Holder

Signature of the Policy

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

ICICI Lombard General Insurance Company Limited**IRDA Reg. No. 115****Mailing Address:**

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

CIN: L67200MH2000PLC129408**Registered Office Address:**

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

UIN: Health Shield Inclusive ICIHLIP25045V012425**Toll free no:** 1800 2666**Alternate no :** 86552 22666 (chargeable)**E-mail:** customersupport@icicilombard.com**Website :** www.icicilombard.com