Prospectus and Sales Literature

Section 1. AGE LIMIT:

1. **Entry age :** This Policy can be offered to an individual with minimum age of 6 years (Proposer needs to be 18 years and above). Maximum entry age is up to 125 years. Children between ages of 91 days to 5 years can be insured only under a floater only. Maximum age for dependent children under Floater Policy is 30 years. The age considered is the completed number of years as on last birthday.
2. **Lifetime renewability:** There is no maximum age limit for Renewal.
3. **Floater policy:** You can avail a floater cover and get Your immediate family covered for the same sum insured under a single Policy by paying one premium amount. Any individual above 3 months of age can be covered under the Policy provided 1 Adult is also covered under the Policy
4. **Relationships covered:** You and your immediate family (Immediate family would mean spouse, dependent children, brother(s), sister(s) and dependent parent(s), Grandparents, Grandchildren, Mother-in-law, Father-in-law, Son-in-law and Daughter-in-law..
5. **Premium calculation:** In a family floater policy, the age of eldest member will be considered while computing premium for the members covered under the family floater. Other factors determining premium are addition/deletion of any optional covers, change in policy conditions such as tenure, zone opted, change in age band, increase or decrease in sum insured opted for and change in any tax laws by the government and health status of the individual being insured.
6. Policies with Worldwide cover can only be issued to individuals who are upto the age of 65 years, are permanent residents of India and were within geographical boundaries of India during policy issuance.

Section 2. SALIENT FEATURES & BENEFITS:

1. **Policy Tenure :** You can opt for a Policy with Policy period of one year / two years / three years / four years / five years.
2. **Tax Benefit :** You can avail of tax benefit on premiums paid under Health sections of this Policy, as per Section 126D of Income Tax Act, 2025 and amendments made thereafter.
3. **Sum Insured :** This denotes the maximum amount of cover available to You for a Policy Period of one year.
   Minimum Sum Insured : ₹5,00,000
   Maximum Sum Insured : Unlimited
4. **Cashless hospitalization :** You can avail of cashless Hospitalisation at any of our network providers/ hospitals. A list of these hospitals/ providers will be sent to You along with Your Policy.

5. **Zone based premium :** The premium will be computed basis the zone chosen by You in the proposal form.

Zone	State/District
Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Gurugram district, Karnal district, Sonipat district, Rohtak district, Bhiwani district, Chakri Dadri district, Mahendragarh district, Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district
Zone B	Pune, Kolkata, Telangana (incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand
Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region), Haryana (excl. NCR region)
Zone D	Rest of NCR (Alwar district, Bagpat district, Bharatpur district, Bulandshahr district, Faridabad district, Gautam Buddha Nagar district excl. Noida, Jhajjar district, Jind district, Nuh district, Panipat district, Rewari district, Mewat district, Palwal district)

The premium will depend on Your city of residence and pincode . Please inform us immediately in case of any change in the same. Not doing so, may impact your claim admissibility. There will be no zone based co-payment applicable.

6. **Pre-Policy Medical Check-up:** No medical tests will be required, if You approach us for insurance cover below the age of 45 years up to the Sum Insured of Rs.10 Lakhs. However, if You approach us for insurance when You are 45 years of age* or above, You will have to then compulsorily undergo medical tests at our designated diagnostic centres. If we accept Your proposal, we will

reimburse at least 50% of the costs incurred by You in undertaking such pre-insurance medical tests. *This age limit and Sum Insured limit may be modified for specific channels or plans depending on judgement of medical underwriter.

What is covered?

The Policy provides indemnification of Medical Expenses incurred by You during Your Hospitalisation, for any Illness or Injury suffered during the Policy Year. Kindly go through the policy wordings for detailed terms and conditions.

. The Policy comprises Basic Covers, which are uniformly available across all plan variants, and Optional Covers, which differ between the various plans. The plan-wise Optional Covers are detailed in Annexure A. The Insured may also opt for any other Optional Cover offered under the Policy, even if such cover is not part of the selected plan. Only the covers opted by the Insured and reflected in the Policy Schedule shall be applicable and enforceable under this Policy.

A. Basic Cover

1. **In-patient Treatment**: We will cover the Medical Expenses in respect of Your Hospitalization such as room rent up to a Single Private AC room, intensive care unit charges, qualified nurse charges, medical practitioner's fees, anaesthesia, blood, oxygen, operation theatre charges, charges incurred on medicines drugs, consumables (other than those specified in the list of excluded expenses (non-medical) in Annexure II), surgical appliances and prosthetic devices (recommended in writing), costs of investigations or prescribed diagnostic tests . incurred by You during Hospitalisation for a minimum period of 24 consecutive hours.

    i. If You are admitted to a room with a Room Rent or category higher than that specified in the Policy Schedule, then Associated Medical Expenses shall be payable on a pro-rata basis. However, pro-rate deductions shall not apply to ICU Charges or where the Hospital does not follow differential billing or where expenses are not charged based on the room category.

2. **Day Care Procedures/ Treatment**: We will cover the Medical Expenses incurred in respect of Your Day Care Treatment at a Day Care Centre while undergoing Day Care Procedures/Treatment, which require less than 24 hours Hospitalisation.

i. If You are admitted to a room with a Room Rent or category higher than that specified in the Policy Schedule, then Associated Medical Expenses shall be payable on a pro-rata basis. However, pro-rate deductions shall not apply to ICU Charges or where the Hospital does not follow differential billing or where expenses are not charged based on the room category.

3. **Technological Advancements and Treatments** – We will cover the medical expenses incurred in respect of Your Hospitalization for the following Technological Advancements and Treatments during the policy period up to the Sum Insured.

Sr. No	Treatment/Procedure
1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2	Immunotherapy- Monoclonal Antibody to be given as injection
3	Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
4	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5	Balloon Sinuplasty
6	Oral Chemotherapy
7	Robotic surgeries
8	Stereotactic radio Surgeries
9	Deep Brain stimulation
10	Intra vitreal injections
11	Bronchical Thermoplasty
12	IONM - (Intra Operative Neuro Monitoring)

4. **Pre-Hospitalisation Medical expenses**: We will cover You for the relevant medical Expenses incurred, immediately 90 days before hospitalisation up to the Sum Insured

5. **Post Hospitalization Medical expenses**: We will cover You for the relevant medical Expenses incurred, immediately 180 days after Your Hospitalisation up to the Sum Insured

6. **In-Patient AYUSH Hospitalisation:** We will cover the medical expenses incurred in respect of Your Hospitalization for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) treatment only when the treatment has been undergone in a Government recognized AYUSH hospital or AYUSH day care centre.

7. **Domestic Road Ambulance:** We will cover the medical expenses incurred on road ambulance services that are offered by a service provider for transporting the You to the nearest Hospital in case of an Accident, Illness or injury up to the Sum Insured.
   .

8. **Donor Expenses:** We will cover the medical expenses incurred in respect of the organ donor for any of the organ transplant surgery for the purpose of Your own transplantation up to the Sum Insured

9. **Domiciliary Hospitalization:** We will cover the medical expenses incurred in respect of Your Domiciliary Hospitalization up to the Sum Insured provided that the Domicilary Hospitalisation continues for at least 3 consecutive days.

   a) This benefit will not cover the Medical Expenses incurred in respect of Domiciliary Hospitalization for following:Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
   b) Arthritis, gout and rheumatism;
   c) Ailments of spine/disc
   d) Chronic nephritis and nephritic syndrome;
   e) Any liver disease;
   f) Peptic ulcer
   g) Diarrhea and all type of dysenteries, including gastroenteritis;
   h) Diabetes mellitus and insipidus;
   i) Epilepsy;
   j) Hypertension; and
   k) Pyrexia of any origin

10. **Loyalty Bonus:** We will provide a Loyalty Bonus of 20% for each policy year, calculated on the Base sum Insured at inception or in case of renewal on the expiring or renewed Sum Insured (whichever is lower) which is credited to the Sum Insured for the next Policy Year, without any increase in premium and regardless of whether a claim has been made, provided that the Policy is continuously renewed with UsSum Insured. This cover is not available for policies with unlimited Sum Insured

11. **Reset Benefit:** We will reset up to 100% of the Sum Insured in a policy year for unlimited times during a Policy Year for any illness/disease/injury for you due to the insufficiency of the Sum Insured (including any accrued Loyalty Bonus, Inflation Protector (if opted), Power Booster (Super Loyalty Bonus) (if opted), and Power Booster Plus (if opted) cause by the payment of previous claim(s) in that Policy Year , provided that:

    i. The claim will be admissible under the reset benefit only if the Claim is admissible under “Inpatient Treatment” or “Daycare procedure” or “In-patient AYUSH Hospitalization” as per “Scope of cover
    ii. Reset will not trigger for the first claim
    iii. For individual policies, reset amount will be available on individual basis whereas for floater policies, it will be available on floater basis
    iv. Any unutilized reset sum insured will not be carried forward to subsequent policy year
    v. Reset Benefit will not be triggered for claims made outside the geographical limits of India.
    vi. Reset Benefit is not available under a Policy with Unlimited Sum Insured option.

12. **Bariatric Surgery Cover:** We will cover the medical expenses incurred in respect of Your Hospitalisation for the Surgery for Obesity conducted on the advice of a Medical Practitioner up to Sum Insured subject to the eligibility criteria and conditions specified in the policy wordings. This cover will have a waiting period of 2 years. However, the waiting period will be reduced to 30 days in case You have opted for the Optional Cover 3 - Jumpstart.

13. **In patient Hospitalisation for Surrogate Mother:** We will cover the Medical Expenses incurred in respect of In Patient Hospitalization of the Surrogate Mother appointed by You who is the ‘’Intending Couple’’/ ”Intending woman”, for complications arising out of pregnancy including post-partum delivery complications during the Policy Period, up to a maximum limit of Rs. 5 Lakhs. This benefit is applicable to all or any female Insured Person(s) who have opted for a Policy Term of 3 years or more.

14. **In patient Hospitalisation for Oocyte Donor:** We will cover the medical expenses incurred in respect of Hospitalization of Oocyte donor appointed by You who is the “Commissioning Couple”/ “Commissioning Woman”, for complications arising out of Oocyte retrieval during the Policy Period, up to a maximum limit of Rs. 5 Lakhs. This cover shall be available only for a period of twelve months after the oocyte retrieval procedure has been successful.

15. **Wellness Program:** The wellness program provides You with the following benefits-

    I. Wellness Activities

II. Health Assistance [HAT]

III. Ambulance Assistance

IV. Discounts on services and products

I. Wellness Activities

We provide a wellness activities, under the Basic Cover-Wellness Program, to promote, incentivize, and reward healthy behavior. Under the wellness activities, You can earn wellness points by undertaking the activities (as specified in Table A and Table B) and the total wellness point earned will be redeemed to avail a discount on premium on renewals for the subsequent Policy Year (as specified in Table C and Table D)

Table A- Earning Wellness points by undertaking the following wellness activities:

Table A.1 : For 1 year Policy Period:

Category	Policy Period	Individual Policy 1 Year	Floater Policy* 1 Year
	Activity Details	Max Points Earned per Insured Person	Max Points Earned per Insured Person
Health Assessment	Health Risk Assessment Questionnaire	500	250
	Undergoing Health check-up & uploading the reports on Our app	1,000	500

	Conducting a Face scan once a quarter on Our app	400	200
	First usage of Chat with Health Expert/ Health Coach Service on Our app	100	50
Wellness activities	Participating in any one of the ICICI Lombard initiated Contest/ health quizes	200	100
	Completing any one of the ICICI Lombard initiated Webinar	500	250
Wellness Tasks	Achieving targeted steps on at least 20 days in a month, tracked via our mobile app, as set out in Table B below (10/15/25 points/ day depending on steps completed)	6,000	3,000
Fitness challenge	Participation and successful completion of fitness challenge In App	500 (250 per challenge)	250 per challenge
Health Events	Participation in Professional sporting events like	500	250

	Marathon/Cyclathon/Swimathon etc.		
Grand Total		**9,400**	**4,700**

Table A.2: For multi-year Policy Period of 2, 3, 4, and 5 years:

Category	Policy Tenure	Individual				Floater*			
		2 Years	3 Years	4 Years	5 Years	2 Years	3 Years	4 Years	5 Years
	Activity Details	Max Points Earned per Insured	Max Points Earned per Insured	Max Points Earned per Insured	Max Points Earned per Insured	Max Points Earned per Insured	Max Points Earned per Insured	Max Points Earned per Insured	Max Points Earned per Insured
Health Assessment	Health Risk Assessment	1,000	1,500	2,000	2500	500	750	1000	1250
	Undergoing Health Check-Up & uploading the reports	2,000	3,000	4,000	5000	1,000	1,500	2000	2500
	Face scan once a quarter	800	1,200	1,600	2000	400	600	800	1000
	First usage of Chat with Health Expert/ Health Coach Service	200	300	400	500	100	150	200	250
Wellness activities	ICICI Lombard initiated Contest/ health quiz (Any one contest)	400	600	800	1000	200	300	400	500

	ICICI Lombard initiated Webinar (Any one webinar)	400	600	800	1000	200	300	400	500
Wellness Tasks	Achieving targeted steps per month (10/15/25 points/ day depending on steps completed)	12,000	18,000	24,000	30,000	6,000	9,000	12,000	15,000
Fitness challenge	Participation and successful completion of fitness challenge In App	1,000	1,500	2,000	2500	500	750	1000	1250
Health Events	Participation in Professional sporting events like Marathon/Cyclathon/Swimathon etc.	1,000	1,500	2,000	2500	500	750	1000	1250
Grand Total		**18,800**	**28,200**	**37,600**	**47,000**	**9,400**	**14,100**	**18,800**	**23,500**

In case of a floater policy, the wellness points earned by each Insured Persons for every completed activity shall be accrued to calculate the renewal discount.

As a part of wellness tasks, You shall be awarded wellness points for achieving the daily targeted steps for atleast 20 days in a month

Table B- Earning Wellness Points by achieving targeted step

Average Steps achieved per day for 20 days in a month	Maximum Wellness Points per month	Maximum Wellness Points accumulated in a year				
		1 Year	2 Year	3 Year	4 Years	5 Years

8,000+ steps	500	6000	12000	18000	24000	30000
6,000 to 7,999 steps	300	3600	7200	10800	14400	18000
4,000 to 5,999 steps	200	2400	4800	7200	9600	12000
<4,000 steps	Nil	Nil	Nil	Nil	Nil	Nil

Table C specifies the discount on renewal premium that can be availed against the accumulated wellness points where the maximum discount available is as follows:

a. For individual Policies: Up to 30% discount.
b. For Family Floater Policies: Up to 15% per Insured Person subject to the respective wellness points and a maximum of 30% at Policy level.

Table C- Renewal Discount against Accumulated Wellness Points

Regular fitness related activities	Wellness points accumulated per Insured Person*					Renewal discount	
	1 Year	2 Year	3 Year	4 year	5 Year	Individual	Floater (Per Insured Person)
Points	2500-3999	5000-7999	7500-11999	10000-15999	12500-19999	2.50%	1.25%
	4000-4999	8000-9999	12000-14999	16000-19999	20000-24999	5%	2.50%
	5000-6999	10000-13999	15000-20999	20000-27999	25000-34999	10%	5%
	7000-8999	14000-17999	21000-26999	28000-35999	35000-44999	20%	10%
	>9000	**>18000**	**>27000**	**>36000**	**>45000**	**30%**	**15%**

*For each consecutive year, You have to accumulate a minimum of 9,000 Wellness Points in the first year, 18,000 Wellness Points in the second year, and 27,000 Wellness Points in the third year to avail the discount on the renewal premium.

Table D- Illustration showing Redemption Mechanism through the Wellness Discount for Floater Policies

Redemption mechanism	Wellness discount	Fresh Premium	Renewal premium payable
Discount accrued on renewal premium by Insured 1	15%		
Discount accrued on renewal premium by Insured 2	15%		
	Total Discount- 30%	Rs. 25,000	Rs. 25000- (Rs. 25000x30%)=Rs.17,500

Redemption mechanism	Wellness discount	Fresh Premium	Renewal premium payable
Discount accrued on renewal premium by Insured 1	15%		
Discount accrued on renewal premium by Insured 2	10%		
	Total Discount- 25%	Rs. 25,000	Rs. 25,000- (Rs. 25,000x25%)=Rs. 18,750

- Renewal discount will apply only to the next Policy Year. All wellness points accumulated up to the renewal will be mandatorily redeemed towards renewal discount of that Policy Year and cannot be carried forward to the next Policy Year.
- Renewal discount is computed based on the wellness points earned 120 days before the due date of renewal. Any unused points that remain after calculating the discount (residual points) will be carried forward and be added to the next Policy Year's earnings.
- In an individual Policy, the discount applies to the individual's premium whereas in a Family Floater Policy, the discount applies to the total premium.
- If You have opted for a higher Policy Period at renewal:

    a. From a 1-year policy: discount applies in Policy Year 1 only
    b. From a 2-year policy: discount applies in Policy Years 1 and 2
    c. From a 3-year policy: discount applies in Policy Years 1, 2, and 3
    d. And so on for higher tenures

- If You have opted for a lower Policy Period at renewal, a flat discount applies to all Policy Years before tenure discount.
- For Health Risk Assessment services availed through Our mobile application/online/digital mode through IL platform, the You must provide required details to establish authenticity and validity before availing of any services. Any information provided will be used solely for delivering wellness services and kept confidential with Us, Our Network Providers, and Service Providers. You must notify Us and submit relevant documents, reports, or receipts within 60 days of undertaking any wellness activity.
- The wellness points cannot be carried forward after the expiry of the Policy, and no cash reimbursement or redemption is available.
- We may remove or reduce the wellness points if obtained unfairly or through manipulation.

- The wellness program offered is subject to change as per the insurance statutory and regulatory framework.
- It is agreed and understood that (1) You have obtained the services under this wellness program on Your own discretion, and risk; (2) the services under the wellness program shall not be construed as medical advice nor a substitute for physical consultation with an independent Medical Practitioner or healthcare professional; (3) You must seek assistance from a qualified Medical Practitioner/healthcare professional when interpretating and applying any recommendations under this wellness program; and (4) We shall not be held responsible for any loss, damage, or adverse outcome arising out of or in connection with any opinion, advice, prescription, or any actual or alleged errors, omissions, or representations made by the Medical Practitioner or healthcare professional delivering the services under the wellness program.

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

II. Health Assistance:

We provide the services of the Health Assistance Team who helps You to understand Your health condition and access care by providing various services, including but not limited to:

i. Identifying the Medical Practitioners and Hospitals (including bed availability).
ii. Arranging Qualified Nurses, attendants, mobility/daily living aids, and medical equipment.
iii. Scheduling appointments (consultations, second opinions, diagnostics) with our empanelled Service Providers.
iv. Assisting with Cashless Facilities.
v. Providing medicine delivery options and preventive health information.
vi. Guiding post Hospitalization care such as physiotherapy or nursing at home.

This is subject to the following conditions:

i. This service is available via our mobile app or by calling 040-66274205 (subject to change) between 8:00 am–8:00 pm, Monday to Saturday (excluding public holidays).

ii. Our role is limited to that of facilitator and any charges incurred in obtaining consultations, diagnostics, or treatments with the assistance of the Health Assistance Team shall be borne by You. We are not liable for the quality, defects, or deficiencies of services provided by the Network Providers or Service Providers.

iii. By using this service, You consent agree and consent to health records being maintained by Us for internal use only.

iv. It is agreed that You have voluntarily obtained and decided to whether and how to use the services of the Health Assistance Team.

For detailed Terms and conditions, disclaimers for availing Health Assistance kindly refer to the policy wordings

III. Ambulance Assistance :

We will assist in arranging ground medical transportation by a Service Provider to transfer You from the location of the Illness/Injury to the nearest Hospital, clinic, or nursing home within the same city for Medically Necessary Treatment subject to the following conditions:

- The ground medical transportation is available at the location of Illness or Injury. Please visit Our website to see the list of cities where such services are available.
- The Illness/Injury must be life-threatening and requires urgent transfer, certified in writing by a Medical Practitioner.
- You must be in India and treatment must take place in India.
- This is an assistance service only and You must bear charges for the transportation, unless You are eligible for reimbursement under the Basic Cover- Domestic Road Ambulance.

IV. Discounts/Vouchers on services/products:

We will facilitate discounts for You on various services and products, including but not limited to investigations, diagnostic tests, laboratory tests, health supplements, medical equipment, homecare services, virtual health and wellness sessions, AYUSH products, fitness/gymnasium membership and wellness related activities and products from Our empanelled diagnostic centres, drugs and medicines ordered from pharmacies or offered by our Network Providers/Service Providers. These discounts can be viewed and availed on our mobile app, subject to availability and applicable terms and conditions.

For avoidance of doubt we will facilitate gymnasium memberships through digital vouchers and they are subject to availability and applicable terms and conditions as governed by our empanelled service providers.

Sum InsuredSum Insured

We offer the following Optional Covers under the Policy and in this regard, please note that:

a. No additional premium is required to be paid under the Optional Cover 19 - Voluntary Co-Payment, Optional Cover 20 - Voluntary Deductible, Optional Cover 29 - Network Advantage, Optional Cover 30 - NRI Advantage- Cover for NRI and Optional Cover 33 – Vital Essence.
b. The Sum Insured for each of the Optional Covers (except Optional Cover 10 - Claim Protector and Optional Cover 22 - Durable Medical Equipment Cover) shall be over and above the Sum Insured of the Policy.
c. Claims under this Optional Covers will not impact the Sum Insured (except Optional Cover 10 - Claim Protector, Optional Cover 1 - Infinite Care, and Optional Cover 22 - Durable Medical Equipment Cover) or Loyalty Bonus (except Optional Cover 1 - Infinite Care), Optional Cover 32. 2 – Hour Hospitalization, and Optional Cover 33 – Vital Essence.
d. **The Reset Benefit/Pre hospitalisation Medical expenses/ Post hospitalisation medical expenses will not be applicable for this Section.**

B. Add-Ons/Optional Cover

Based on the plan you have opted for, certain optional add-ons will be provided as built-in covers.

1. **Infinite Care :** We will cover Medical Expenses incurred in respect of any one claim under the Basic Cover - Inpatient Treatment or Basic Cover - Day Care Procedures/Treatment or Basic Cover- In-Patient AYUSH Hospitalization during the lifetime of the Policy without any limits on the Sum Insured subject to the following conditions :

i. The time period to opt for this Optional Cover shall be limited to the first 2 Policy Years (irrespective of the Policy Period). Such that:
   a. If the Policy Period is of 1 year and is renewed annually as a 1 year Policy, then this Optional Cover must be opted either at the Inception of the Policy or the first renewal.
   b. If the Policy Period is of 2,3,4 or 5 years, the cover must be opted at the inception of the Policy.

ii. This claim must be admissible under Basic Cover 1. In-patient Treatment or Basic cover 2. Daycare Procedures/Treatment or Basic Cover 6. In-patient AYUSH Hospitalization. All the conditions applicable to the above mentioned Basic Covers shall be applicable to this Optional Cover.

iii. Once opted, the Optional Cover must be opted continuously until any one claim is made under this cover. Once a claim is made or if the Insured Person opts out of this Optional Cover, the same cannot be opted again.

iv. Where applicable, the Total Sum Insured Sum Insuredshall be utilized as per following sequence in the event of a claim under this Optional Cover: -
   1. Sum Insured
   2. Loyalty Bonus
   3. Power Booster (Super Loyalty Bonus) or Power Booster Plus
   4. Inflation Protector

v. After utilization of all the above, total Sum Insured shall be zero for that Policy Year following the payment of claim under this Optional Cover.

vi. Optional Cover 19. Voluntary Co-payment or Optional Cover 20. Voluntary Deductible if opted by You shall be applicable under this Optional Cover.

vii. This cover will not be applicable in case of claims lodged under Optional Cover 9. Worldwide Cover, Basic Cover 13. In-patient Hospitalisation for Surrogate Mothers, Basic Cover 14 In-patient Hospitalization for Oocyte Donors and for policies with Unlimited Sum Insured option.

viii. Room category applicable under this Optional Cover shall be capped at Single Private AC room unless You have opted for Optional Cover 27. Room Modifier.

2. Power Booster (Super Loyalty Bonus) : We will provide a Loyalty Bonus of 100% for each policy year , calculated on the Base Sum Insured at inception, or in case of renewal, on the the expiring or renewed Sum Insured (whichever is lower) which is credited to the Sum Insured for the next Policy Year without any increase in premium and regardless of whether a claim has been made in the Policy Year, provided that the Policy is continuously renewed with Us. The Power Booster can be accumulated up to Unlimited Sum Insured. However, this Optional Cover is not available for policies with Unlimited Sum Insured. In case You opt out of this cover at the time of renewal, all the bonus accumulated under Power Booster will reduce to zero. All conditions applicable under Loyalty Bonus will be applicable to this Optional Cover.

3. JumpStart : We will cover the Medical Expenses incurred which are admissible under the Basic covers.for the below listed illnesses from Day 31 of the first Policy Period Start Date, provided that:

i. The Illnesses have been disclosed by You or detected during pre-policy medical examination and accepted by Us at the inception of the Policy and mentioned in the Policy Schedule

ii.

iii. The Optional Cover shall be applicable on an individual basis for an individual Policy, and on a floater basis for a Family Floater Policy.

iv. This Optional Cover will be available only during inception of the policy or upon addition of a new member in the Policy during renewal.

v. A waiting period of 30 days shall apply on the increased Sum Insured at the time of renewal as illustrated below.

Sum Insured	**Jumpstart Applicable on Sum Insured**	**Sum Insured increased to Rs. 20 Lacs upon renewal**	**Revised Sum Insured**	**Jumpstart Applicable on Sum Insured**	**Waiting Period Applicable on the incremented Sum Insured**
Rs. 15 Lac	Rs. 15 Lac		Rs. 20Lac	Rs. 20Lac	Rs. 5 Lac

vi. Once chosen, this Optional Cover will need to be opted for a period of 3 continuous policy years.

vii. Exclusion Pre-Existing Diseases (Code- Excl01) shall not apply to this Optional Cover

viii. This Optional Cover shall not apply for claims made under Optional Cover 9. Worldwide Cover.

List of illnesses covered under this optional cover-

1. Asthma
2. Diabetes

3. Hypertension
4. Hyperlipidemia
5. Obesity
6. Coronary Artery Disease (PTCA done prior to 1 year)

4. Chronic Disease Management Program (Only Cashless Basis): If You have disclosed any of the following Illnesses and the same have been accepted by Us, then You shall be enrolled under Our Chronic Disease Management Program, which can be availed from our Service Provider on cashless basis:

1. Asthma
2. Diabetes
3. Hypertension
4. Hyperlipidemia
5. Obesity
6. Coronary Artery Disease (PTCA done prior to 1 year)

Under this Chronic Disease Management Program, We shall provide You the following services :

i. Assistance in tracking health through Our Service Providers.
ii. Assistance in availing a dietician and nutritional counseling.
iii. 2 pre-defined diagnostic health check-ups for the Illness specified above, with a gap of 6 months between each. The health check-ups are in addition to cover under the Optional Cover - Health Check-up, if opted and specified in the Policy Schedule.
iv. Assistance in availing counselling for lifestyle modifications, such as quitting tobacco/alcohol etc.

Sum Insured

Note: We reserve the right to modify, add, or restrict any / Network Providers/Service Providers at our sole discretion. You are advised to check the updated list of Network Providers and Service Providers on Our website. We may introduce other illnesses under this Optional Cover.

5. Maternity Benefit :

We will cover the Maternity Expenses incurred, up to 10% of the Sum Insured. Expenses related to medically recommended lawful termination of pregnancy but only ina life-threatening situation/condition and on the advice of a Medical Practitioner, subject to the following conditions:

i. This Optional Cover can be opted at renewal of the Policy.
ii. This Optional Cover is available only under a Family Floater Policy and subject to a maximum limit of Rs. 1 Lakh.
iii. The Optional Cover is limited to a maximum of 3 deliveries or terminations during the lifetime of a female Insured Person between the ages of 18 to 50 years.
iv. Pre-natal expenses (from conception until delivery) and post-natal expenses (up to 30 days from delivery) are covered within the above limit, provided they are incurred on an in-patient basis.
v. This Optional Cover will have a waiting period of 24 months from the date it is opted and specified in the Policy Schedule.
vi. Any expenses incurred for management of ectopic pregnancy are excluded under this Optional Cover. Claim for these can be made under Basic Cover - In-Patient Treatment.

This Optional Cover shall not be available outside the geographical boundaries of India.

You cannot opt for optional cover Elevate HER Women care if you have opted for Maternity benefit add on.

Sum InsuredSum Insured

6. New Born Baby Cover :

We will cover Medical Expenses incurred in respect of Hospitalization of the Your Newborn Baby for a minimum period of 24 consecutive hours and a maximum period of 90 days, subject to the following:

i. This Optional Cover is available only if You have opted for and We have accepted a claim under the Optional Cover - Maternity Benefit or Elevate HER Nurture/ Elevate HER Nurture Plus plan under the Elevate HER – Women Care Add-on.
ii. This Optional Cover is limited to a maximum of twice the Sum Insured or Rs 200,000, whichever is lower under the Optional Cover – Maternity Benefit or the Elevate HER Nurture /Elevate HER Nurture Plus Plan. This amount shall be available in addition to Sum Insured under the Optional Cover- Matenrity Benefit or the Elevate HER Nurture/ Elevate HER Nurture Plus Plan.

7. Vaccinations for new born baby in the first year :

We will cover expenses incurred in respect of vaccinations of the Newborn Baby till he/she reaches 1 year of age, subject to the following :

i. This Optional Cover is available only if You have opted for the Optional Cover - Maternity Benefit or Elevate HER Nurture/ Elevate HER Nurture Plus Plan and Optional Cover - New Born Baby Cover and We have accepted a claim under the Optional Cover - Maternity Benefit or Elevate HER Nurture Plan.

ii. This Optional Cover is limited to 1% of the Sum Insured or Rs. 10,000, whichever is lower and applies over and above the Sum Insured under the Optional Cover – Maternity Benefit or Elevate HER Nurture/ Elevate HER Nurture Plus Plan.

Sum Insured

8. BeFit :

We provide You with the following benefits under this Optional Cover:

i. Physical consultations

ii. Routine diagnostic and minor procedure cover

iii. Pharmacy cover

iv. Physiotherapy sessions

v. e-counselling

vi. Diet and nutrition e-consultation

This benefit is subject to the following conditions :

i. This Optional Cover can only be opted by the Insured Persons up to the age of 65 years during first time issuance.

ii. There will be a waiting period of 30 days for this cover.

iii. All benefits under the Optional Cover - BeFit can be availed only through a Cashless Facility via registration on our mobile app and are subject to any limits specified in the Policy Schedule.

iv. All services shall be provided through Our Service Providers / Network Providers, subject to availability at the time of appointment.

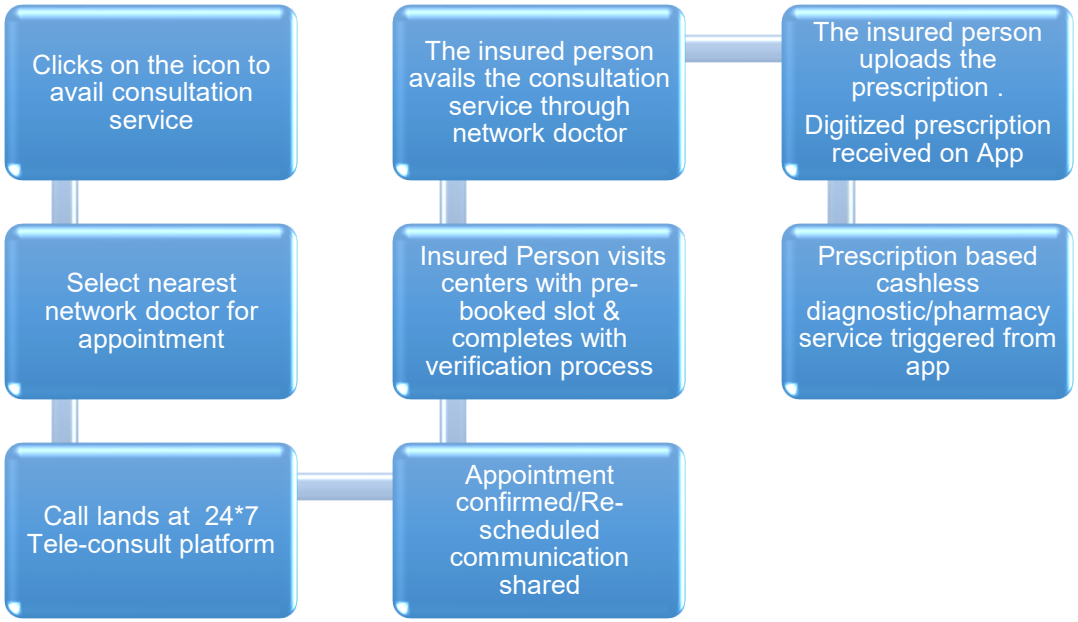
v. Any unutilized Consultations / E- consultations / Sum Insured / Sessions cannot be carried forward to the next Policy Year.

vi. The Optional Covers "BeFit" and "Elevate HER – Women Care Plan" may be opted together under the Policy, subject to eligibility. Where an Insured Person is eligible for and opts for both Optional Covers during the same Policy Year, the benefits for Outpatient Consultation and Diagnostic Tests available under the Optional Cover "Elevate HER – Women Care Plan" shall be over and above the corresponding benefits, if any, available under the Optional Cover "BeFit". All other benefits under each Optional Cover shall be governed by their respective terms, conditions, sub-limits and utilization criteria, as specified in the Policy

Available plans under BeFit :

Coverage	Details	Plans						
		A	B	C	D	E	F	G
Outpatient Consultation	Count of consultations	1	2	4	6	8	10	12
Routine Diagnostics Cover and Minor Procedures Cover	Sum Insured (INR)	500	1000	1000	2000	3000	5000	7500
Pharmacy Cover	Sum Insured (INR)	500	1000	1000	2000	3000	5000	7500
Physiotherapy Session	Count of sessions	0	0	6	8	10	12	12
e-Counselling	Count of sessions	6	6	6	8	12	Unlimited	Unlimited
Diet and Nutrition e-Consultation	Count of sessions	6	6	6	8	12	Unlimited	Unlimited

How to avail cover under BeFit on the mobile application :



9. Worldwide cover: We will cover Medical Expenses incurred in respect of Hospitalization of your's outside of India, subject to the following:

i.This Optional Cover is subject to a maximum of Rs. 3 crores.

ii. This Optional Cover can only be availed by You up to the age of 65 years and who are resident of India and are within the geographical boundaries of India during Policy issuance.

iii. The expenses covered under this benefit will be limited only to the Basic Cover - In-Patient Treatment, Basic Cover-In-Patient AYUSH Hospitalization, and Basic Cover - Day Care Treatment.

iv. The Sum Insured for this Optional Cover shall be in addition to the total Sum Insured under the Basic Covers. Any additional Sum Insured as available under Loyalty Bonus or Power Booster or Inflation Protector or Power Booster Plus will not be available for this cover.

v. Treatment under this cover should be taken at a Hospital or clinic duly recognized and registered under the applicable law of the country where the treatment is taken.

vi. The coverage shall only be available on cashless basis through Our Network Providers / Service Providers (Kindly visit our website www.icicilombard.com for the complete list of Service Providers / Network Providers or contact Us on Our toll free 1800 2666 number for the details.). We reserve the right to modify, add, or restrict any Network Provider / Service Provider for Cashless Facilities at Our sole discretion.

vii. There will be a waiting period of 2 years for any claim under this cover. There will be no waiting period for Emergency Care. In case of addition of any new members to the Policy, they will have to serve the waiting period of 2 years before availing cover. In case of an increase in the Sum Insured at renewal, a fresh waiting period shall be applicable for the incremental Sum Insured.

viii. In case of planned Hospitalization, prior intimation of at least 7 days of the travel shall be provided to Us / Service Provider / Network Provider and due approval from Us will be necessary.

ix. The coverage is available for 45 consecutive days from the date of travel in a single trip, and 90 days on a cumulative basis as a whole in a Policy Year. Any expenses incurred beyond 45 days from date of travel shall not be covered in any case.

x. The payment of any claim will be based on the rate of exchange on the date of loss, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees. If RBI rates are not published on that date, the next available rate will be used.

xi. Maternity Benefit, Jumpstart, Power Booster, Infinite Care, Reset benefit, Power Booster Plus and Claim Protector will not be available for worldwide cover.

xii. Countries / Territories / Geographies placed in the Grey and Black List by the Financial Action Task Force shall be excluded from this cover. For updated list please visit: https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html.

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i. **10. Claim Protector:**

If a claim is accepted under the Basic Cover- In-Patient Treatment or Basic Cover - Daycare Treatment, the non-payable items included under **List I- Items for which coverage is not available in the Policy** of Annexure II will become payable under this cover, subject to the following:

ii. This cover shall not be available outside the geographical boundaries of India, even where Optional Cover – Worldwide Cover has been opted.

iii. Any Sum Insured accrued under Loyalty Bonus/Inflation Protector/Reset Benefit will not be available for this cover.

Sum Insured

11. Inflation Protector: The Inflation protector is designed to protect the Sum Insured against rising inflation by linking the Sum Insured under the base plan to the Consumer Price index (CPI).

The Sum Insured will be increased on Loyalty basis at each renewal on the basis of inflation rate in previous year. Inflation rate would be computed as the average CPI of the entire calendar year published by the Central Statistical Organization (CSO).

The % increase will be applicable only on Sum Insured under the Policy and not on Loyalty Bonus/Power Booster/Power Booster Plus or any other benefit which leads to increase in Sum Insured.

At the time of renewal if You opt out of this optional cover, then the sum insured under the Inflation Protector cover accrued up until the expiring policy ye ar will be forfeited.

Sample Illustration

Year	Sum Insured	Opted for Inflation Protector	Inflation Protector at Renewal computation#	Overall Inflation Protector
0	Rs. 10,00,000	Yes	Not applicable	Not applicable
1	Rs. 10,00,000	Yes	Rs. 10,00,000 * 6%=60,000	Rs. 60,000
2##	Rs. 15,00,000	Yes	Rs. 10,00,000 * 6%= 60,000	Rs. 60,000 + Rs. 60,000 = Rs. 1,20,000

3	Rs 15,00,000	Yes	Rs. 15,00,000 * 6%= 90,000	Rs. 1,20,000 + Rs. 90,000 = Rs. 2,10,000
4	Rs. 15,00,000	No	Nil as Insured has opted out	Nil

Considering Consumer Price index (CPI) of previous year to be 6%

You have enhanced his/her Sum Insured from Rs. 10 Lakhs to Rs. 15 Lakhs

12. Domestic Air Ambulance Cover: We will cover the medical expenses incurred on an Air Ambulance offered by a service provider for transporting You to the nearest Hospital with adequate facilities for the provision of Emergency Care, up to the Sum Insured.

13. Convalesence benefit: We will pay a fixed allowance of Rs.20,000 once in a Policy Year if You are Hospitalized for a continuous period of 10 days or more for the treatment of any Illness or Injury for which a valid claim is admissible under the Policy. For a Policy Period of 1 year, You are eligible for this benefit once during that Policy Year. For a Policy tenure of 5 years, You are eligible to receive this benefit once in each Policy Year.

14. Nursing at home: We will cover the expense incurred in availing the medical services of a Qualified Nurse at Your residence after Your Hospitalization up to a maximum of 10 days, subject to a limit of Rs. 2,000 per day.

15. Compassionate Visit: We will indemnify the cost of an economy class air/railway ticket for one of Your Immediate Family Member to travel to and from the Hospital from their place of origin or residence in case Your Hospitalization extends beyond 5 consecutive days and in the opinion of the attending Medical Practitioner, provided that the aggregate does not exceed Rs. 20,000 for any one or all Hospitalizations during a Policy Year.

16. Health Check-up: We will provide a Health Check-Up to Adult aged 18 years and above, anytime during the Policy Period, through pre-designed health packages (specified below) offered by Our Network Providers/Service Provider, subject to the following:

i. This Optional Cover is available only once per Policy Year per Adult. Any unutilized Health Check-up benefits will not be carried forward to the next Policy Year. It is Your responsibility to utilize the benefit within the Policy Period, and We will not issue any reminders or notifications.

ii. This Optional Cover is up to 0.5% of Sum Insured or Rs. 5,000, whichever is lower.

iii. These pre-designed health packages are based on eligibility as per the Sum Insured. We may modify these packages from time to time without prior notice; however, You will not be permitted to modify them.

iv. This Optional Cover can be obtained only on cashless basis and can be availed through our mobile app or by calling Our Toll-free number: 1800 2666.

v. We will assign the Network Provider/Service Provider once We receive Your request.

vi. In-case of long term policies (2/3/4/5 years), the Adult are eligible for Health Check-up once per policy year

vii. It is agreed and understood that (1) You have obtained the services under this Optional Cover on Your own discretion, and risk; (2) the services under this Optional Cover shall not be construed as medical advice nor a substitute for physical consultation with an independent Medical Practitioner or healthcare professional; (3) You must seek assistance from a qualified Medical Practitioner/healthcare professional when interpretating and applying any recommendations under this Optional Cover; and (4) We shall not be held responsible for any loss, damage, or adverse outcome arising out of or in connection with any opinion, advice, prescription, or any actual or alleged errors, omissions, or representations made by the Medical Practitioner or healthcare professional delivering the services under this Optional Cover.

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Viii) Benefit under this cover can be obtained over and above the Optional Add-On No. 4 - Chronic Disease Management Program and the Optional Add on No 34-Elevate HER Women care (Elevate HER Bloom, Elevate HER Thrive, Elevate HER Nurture and Elevate HER Harmony or any of the respective Elevate HER Plus plan) if opted by You.

17. Critical Illness: For persons aged between 18 to 50 years, we will pay the Sum Insured for this benefit as stated in the Policy Schedule on Your first diagnosis with one or more of the Critical Illnesses specified below during Your lifetime:

Sum Insured

1. Cancer of Specified Severity
2. Myocardial Infarction **(**First Heart Attack of Specified Severity)
3. Coronary Artery Disease
4. Open Chest CABG
5. Open Heart Replacement or Repair of Heart Valves
6. Surgery to Aorta
7. Stroke resulting in Permanent Symptoms
8. Kidney Failure requiring Regular Dialysis
9. Aplastic Anaemia
10. End Stage Lung Disease
11. End Stage Liver Failure
12. Coma of Specified Severity
13. Third Degree Burns

14. Major organ /bone marrow transplant
15. Multiple Sclerosis with Persisting Symptoms
16. Fulminant Hepatitis
17. Motor Neurone Disease with Permanent Symptoms
18. Primary Pulmonary Hypertension
19. Terminal Illness
20. Bacterial Meningitis

For more details kindly refer to the Policy Wordings.

18. Personal Accident: We will pay You or Your Nominee / legal heir Sum Insureda specified percentage of the Sum Insured as stated in the Policy Schedule and subject to a maximum limit of the Sum Insured, up to a maximum limit of Rs.50 Lakhs, on occurrence of any Insured Event arising due to an Injury sustained by You during the Policy Year. This cover is available only for adult members aged maximum up to 65 years during first time issuance.

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19. Voluntary Co-Payment: We will provide a corresponding discount on the premium payable under the Policy and You shall bear the Co-payment percentage of the admissible claim amount, as stated in the Policy Schedule, for each and every claim approved by Us, subject to the following conditions:

i. This Optional Cover cannot be opted with Optional Cover 20 – Voluntary Deductible.
ii. This Optional Cover, if opted, shall apply to all Basic Covers (excluding Wellness Program) and shall not apply to Add-ons/Optional Covers, except for Optional Cover – Infinite Care and Optional Cover – Worldwide Cover.
iii. Once this Optional Cover is chosen and specified in the Policy Schedule, it cannot be modified during the Policy Term. Any change to the Co-Payment can be made only at the time of Renewal and will be subject to the Our underwriting approval.

20. Voluntary Deductible: We will provide a subsequent discount on the premium payable under the Policy and, You will be liable to bear the Deductible as stated in the Policy Schedule, subject to the following conditions:

i. This Optional Cover cannot be opted with Optional Cover – Voluntary Co-Payment.
ii. This Optional Cover, if opted, shall apply to all Basic Covers (excluding Wellness Program).
iii. This Optional Cover will apply on an aggregate basis, meaning that You shall be liable to bear all Hospitalization expenses covered under the Basic Covers of the Policy, up to the Deductible amount specified in the Policy Schedule, before We make any payment towards an admissible claim under this Policy.

iv. The Deductible will apply on individual basis in case of an individual Policy and on floater basis in case of a Family Floater Policy.
Once this Optional Cover is chosen and specified in the Policy Schedule, it cannot be modified during the Policy Term. Any change to the Deductible can be made only at the time of Renewal and will be subject to the Our underwriting approval.

21. Dependent Accomodation Benefit: If You are hospitalized for a medically necessary treatment of an Illness or an Injury sustained during the Policy Period, We will pay a fixed daily amount, up to a maximum of Rs. 1000 per day towards the accommodation expenses of one immediate family member, for each continuous and completed day of your Hospitalization subject to a minimum of 3 consecutive days and a maximum of 10 consecutive days

22.Durable Medical Equipment Cover : We will cover the expenses incurred by You towards rental or purchase of any of the listed durable medical equipment up to Sum Insured subject to a limit of Rs. 5 Lakhs (within overall basic sum insured) only if the same has been prescribed by the treating Medical Practitioner post Hospitalisation for the same condition for which the Hospitalisation claim was admissible

List of Durable Medical Equipment Covered under this Optional Cover-

1. CPAP Machine
2. Ventilator
3. Wheelchair
4. Prosthetic device
5. Suction Machine
6. Commode Chairs
7. Infusion pump
8. Continuous Passive motion devices in case of Knee Replacement
9. Oxygen concentrator

23. Tele Consultation(s) We will arrange Tele Consultations which involve consultation with a qualified Medical Practitioner or health care professional for routine health issues provided through audio, video, online portal, chat or mobile application. The Tele Consultation will be available 24 hours a day and 365 days a year. There shall be no limit on the count of Tele-Consultations that can be availed in a Policy Year.

24.Waiting Period Reduction Option (Other than those listed under JumpStart) : We will reduce the waiting period for any Pre-existing Diseases declared by You and accepted by Us applicable under the **Exclusion - Pre-Existing Diseases (Code- Excl01)** from 36 months to 24 months or 12 months as opted by You and specified in the Policy Schedule, subject to the following conditions:

i. This Optional Cover is available only the inception of the Policy and only for the Sum Insured chosen at the the inception of the Policy and as stated in the Policy Schedule.
ii. This Optional Cover must be continued for a minimum of 3 consecutive Policy Years.
iii. The reduced waiting period shall not be applicable for claims made under Optional Cover 9 - Worldwide Cover.

Sum Insured

25. Maternity Waiting Period Reduction Option : We will reduce the waiting period applicable under the Optional Cover 5 - Maternity Benefit from 24 months to 12 months, subject to the following conditions:

i. This Optional Cover is available only at the time of opting for the Optional Cover 5 - Maternity Benefit and only for the Sum Insured chosen at that time and as stated in the Policy Schedule.
ii. This Optional Cover must be continued for a minimum of 2 consecutive Policy Years.
iii. All the terms and conditions mentioned under the Optional Cover 5 - Maternity Benefit shall be applicable to this Optional Cover.

Sum Insured

26. Specific Illness Waiting Period Reduction Option : We will reduce the waiting period applicable under **Exclusion- Specified disease/procedure waiting period (Code- Excl02)** from 24 months to 12 months, subject to the following conditions:

i. This Optional Cover is available only at the inception of the Policy, and only for the Sum Insured chosen at that time and as stated in the Policy Schedule.
ii. This Optional Cover must be continued for a minimum of 2 consecutive Policy Years.
iii. The reduced waiting period shall not be applicable for claims made under Optional Cover 9 - Worldwide Cover.

Sum Insured

27. Worldwide Cover Waiting Period Reduction Option We will reduce the waiting period applicable under the Optional Cover 9 - Worldwide from 24 months to 12 months, subject to the following conditions:

i. This Optional Cover is available only at the time of opting for the Optional Cover 9 – Worldwide Cover and only for the Sum Insured chosen at that time and as stated in the Policy Schedule.

ii. This Optional Cover must be continued for a minimum of 2 consecutive Policy Years.

iii. All the terms and conditions mentioned under the Optional Cover 9 - Worldwide Cover shall be applicable to this Optional Cover.

Sum Insured

28. Room Modifier : We will provide You the option to modify the Room Rent eligibility as opted and specified in the Policy Schedule from the following:

i. To modify the Room Rent eligibility to any room category without any restriction; or

ii. To modify the Room Rent eligibility to Twin Sharing Room or

iii. To modify the Room Rent eligibility to a Room Rent capping of 1% of the Sum Insured for Single Private Room and 2% of the Sum Insured for ICU per day.

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29. Network Advantage : We will provide You a discount of 10% on every renewal premium (including the premium payable in the first Policy Year), subject to the following conditions:

i. You must avail treatment under “In-patient Treatment” or “Day Care Procedures/Treatment” or “In-patient AYUSH Hospitalization” cover from Our Network Provider listed on Our website/Mobile Application.

ii. A Co-Payment of 20% will be applicable on each and every claim in case the treatment is taken from Non-Network Provider.

30. NRI Advantage- Cover for NRI : We will provide a discount of 25% on the premium payable under the Basic Covers to the You who are Non Resident Indians, subject to the following conditions:

i. You must provide (1) a declaration confirming that You are a Non-Resident Indian residing outside India for the entire Policy Year and at each subsequent renewals; (2) valid proof of residence outside India for the upcoming Policy Year at subsequent renewals; and (3) other relevant proof of identity required for Indian citizenship.

ii. You must have an Indian bank account for the purpose of premium/claims payment.

iii. If You cease to be a Non Resident Indian, then no further discount shall be applicable upon renewal.

iv. The Optional Cover - Worldwide Cover is not available for Non Resident Indians.

v. All waiting periods under terms and conditions of the Policy will be applicable for the Insured Persons.

31. **Senior Care Value AddedServices (Only Cashless Basis)**

We will provide the services listed under the table below to you aged 55 years and above only through the Network providers/Service Provider empaneled by Us on cashless basis, subject to the following conditions:

i. The services under this Optional Cover will be provided as per the plan opted and as specified in the Policy Schedule.

ii. It is agreed and understood that (1) You have obtained the services under this Optional Cover Your own discretion, and risk; (2) the services under this Optional Cover shall not be construed as medical advice nor a substitute for physical consultation with an independent Medical Practitioner or healthcare professional; (3) You must seek assistance from a qualified Medical Practitioner/healthcare professional when interpretating and applying any recommendations under this Optional Cover; and (4) We shall not be held responsible for any loss, damage, or adverse outcome arising out of or in connection with any opinion, advice, prescription, or any actual or alleged errors, omissions, or representations made by the Medical Practitioner or healthcare professional delivering this Optional Cover.

S. No	Service/ Benefit	Plan A	Plan B	Plan C	Plan D
1	Access to Mobile application: Access to specially designed mobile application for managing clinical and non-clinical medical needs of members. This app is managed by our empaneled service provider.	Available	Available	Available	Available
2	Access to Elderly health camps: organized by our empaneled service provider for mental and psychological wellbeing of members. (Participation cost to be borne by You)	Available	Available	Available	Available
3	Personal specialized geriatric telephonic assistance for clinical and non clinical medical needs	Once/ 2 month	Once/2 month	Once/ month	Twice/ month

4	Concierge Service: Access to our empaneled service provider(s)'online helpdesk for support with everyday chores including but not limited to medicine delivery, lab tests, hospital visits, booking travel and tech assistance	Available	Available	Available	Available

5	Discount on specialized geriatric health services: Following services when availed through our empaneled service providers' platform: 1. upto 10% off on first 30 days of Home Healthcare services (Qualified Nurses & Attendants) 2. upto 20% off on medicine orders (20% on price of medicines) 3. upto 10% off on physiotherapy sessions 4. upto 35% off on diagnostic services 5. upto 20% off on medical equipments (Walking stick, wheelchair, BP machine, Sugar testing,)	Available	Available	Available	Available

6	Electronic Health Records: Our empaneled service provider (specialized for geriatric care) will assist in creating health profile (details about personal doctors, hospital registrations and health insurance) and Digital health records (Store all diagnostics, lab reports & vitals online at one place) on their digital platform	Available	Available	Available	Available
7	Other services: Following services can be availed through our empanelled service provider (specialized for geriatric care). Cost of the services to be borne by Insured. 1. Doctor visit at home 2. Psychological counselling 3. Facilitation of lifestyle management program via diet, exercise and reading material, for medical conditions like Diabetes, Hypertension, Obesity, Arthritis, Hyperlipidemia.	Access Only	Access Only	Access Only (Upto 5% Discount) For Lifestyle management program under this section : Access Only	Access Only (Upto 10% Discount) For Lifestyle management program under this section : Access Only (Upto 5% Discount)

8	Access to offline events: Access to participation in offline health engagement events organized or facilitated by our empaneled service provider for mental and psychological wellbeing of members. (Participation cost to be borne by Insured)	Not Applicable	Not Applicable	Available	Available
9	Safety Guidance: Tailored guidance by expert specializing in geriatric care, through online mode, on safety aspects like making home safer, reducing risk of falls etc.	Access Only	Access Only	Available	Available
10	Access to Customized event for mental and physical well-being - curated for elderly by our empaneled service provider. (Event planning cost to be borne by Insured)	Not Applicable	Not Applicable	Available	Available

11	Specialized Geriatric Virtual preventive health risk profiling: Customized for Elderly, to prepare preventive health risk profiling to provide personalized Recommendations.	Access Only	Access Only	Access Only	Available
12	Virtual medical second e-opinion : Specialized Geriatric Expert medical advice provided through virtual platforms to review diagnosis or treatment plans	Access Only	Access Only	Access Only (Upto 5% Discount)	Access Only (Upto 10% Discount)
13	Specialized Geriatric Attendant Care: Attendant care at home in case of doctor recommended post hospitalization home care only	Access Only	Access Only	Access Only	4 Sessions per annum

14	Specialized Geriatric Ergonomic assessment & recovery program through movement therapy specialist.	Access Only	Access Only	Access Only (Upto 5% Discount)	Access Only (Upto 10% Discount)
15	Home Fumigation	Access Only	Access Only	Access Only (Upto 5% Discount)	Available

32. 2 – Hour Hospitalization :

We will cover the Medical Expenses incurred in respect of Your Hospitalization for 2 hours or more (minimum 24 hours for AYUSH Treatment in a AYUSH Hospital) for the following:

i. Room Rent up to Single Private AC room;
ii. Intensive Care Unit Charges;
iii. Qualified Nurse charges;
iv. Medical Practitioner's fees;
v. Anesthesia, blood, oxygen, operation theatre charges, medicines, drugs and consumables (other than those specified in the list of excluded expenses (non-medical) in Annexure II).
vi. Surgical appliances and prosthetic devices recommended in writing by the attending Medical Practitioner and used intra operatively during a Surgical Procedure.
vii. Cost of investigative tests or prescribed diagnostic procedures directly related to the Injury/Illness for which you are Hospitalized.

33) Vital Essence:

If you are hospitalized during the Policy Period for any of the listed Illnesses or Conditions mentioned in the sub-limits table below and this optional cover has been opted, then our total liability for all treatments related to those illnesses or procedures during the Policy Year shall be capped at the amount corresponding to the respective category.

This add-on can be selected at the time of availing the policy. The sub-limits defined under this section shall be applicable for the Policy Lifetime starting from Policy Inception.

A co-payment of a pre-defined percentage shall be applicable on each and every claim made by you under this policy during the policy year, irrespective of whether the claim pertains to the listed Illnesses or Conditions mentioned in the sub-limits table forming part of this optional add-on. This co-payment shall apply uniformly across all claims, beyond the scope of the sub-limits table in this policy.

The pre-defined co-payment shall be applied first on the admissible claim amount, and subsequently, the applicable sub-limit (if any) shall be applied to arrive at the final payable amount.

If you opt for this optional add-on, you shall not be eligible to opt for the Voluntary Co-payment optional add-on & Voluntary Deductible optional add-on under the same policy and vice versa. Additionally, if this optional add-on is opted, the Reset Benefit shall be triggered only once instead of unlimited times for for any illness / injury / disease during a Policy Year up to the Sum Insured as specified in the Policy Schedule.

The premium applicable will reflect the inclusion of the Vital Essence add-on, along with adjustments made based on your health profile at the time of policy issuance.
In case, if the Vital Essence add-on is not continued at the time of renewal, the associated discount shall be withdrawn and the renewal premium shall be recalculated, basis the risk assessment.
This clause applies only if the Vital Essence add-on was selected during the initial policy term and is discontinued at renewal.

Sub-limit Table:

Category	Sub-limit Amount
Cataract (Per Eye)	**Up to INR 30,000 per eye**
Treatment of Total Knee Replacement and Treatment of Total Hip Replacement	**Up to INR 1,00,000 per knee/per hip**
i.Cerebrovascular Accident and Cardiovascular Diseases	**Up to INR 2,00,000/Policy year**

ii.Cancer (Including Chemotherapy / Radiotherapy) **iii.Medical Renal Diseases (Including Dialysis)** **iv. Treatment of Breakage of Long Bones**	
i. Surgery for treatment of all types of Hernia **ii.Hysterectomy** **iii. Surgeries for Benign Prostate Hypertrophy (BPH)** **iv. Surgical treatment of stones of Renal systems**	**Upto INR 80000/Policy year**

34) **Elevate HER – WOMEN CARE**

The Elevate HER – Women Care Add-on has been designed exclusively for women covered under the Elevate base health insurance policy.
You can select one eligible Elevate HER Plan for each covered female member. The selected Plan will always run along with the base Policy Period and can be renewed only together with the base Policy. Elevate HER Plans are valid PAN India and must be renewed annually for single-year policies and at the time of renewal for multi-year base policies.

For the purpose of this Add-on, the age of the Insured Person shall be determined based on the completed age as on the date of inception of this Add-on or at renewal, as applicable. Where an Insured Person attains an age beyond the eligibility criteria of the selected Elevate HER Plan during the Policy Period, all benefits and coverage under such Elevate HER Plan shall continue to be available until the expiry of the Policy Period. The Elevate HER Add-on shall be co-terminus with the Base Policy and shall be eligible for renewal subject to the applicable age and plan eligibility criteria at the time of renewal. The premium for the Elevate HER Add-on shall not be refunded or prorated solely on account of any change in age eligibility during the Policy Period.
If you have Elevate HER plan along with any other add-on or optional cover that offers outpatient consultations, diagnostic tests, Health checkup, diet, teleconsultation and nutrition counselling, or mental wellness counselling, the benefits under Elevate HER- Women care add on will be available to you in addition to the benefits provided under such other add-on , subject to the terms and limits applicable to each. Any unutilized Consultations / E- consultations / Sum Insured / Sessions cannot be carried forward to the next Policy Year.

The following Plans are available under the **Elevate HER – Women Care Add-on:**
Elevate HER Bloom, Elevate HER Nurture, Elevate HER Thrive and Elevate HER Harmony **(Standard Variant)** and *Elevate HER Bloom Plus, Elevate HER Nurture Plus, Elevate HER Thrive Plus and Elevate HER Harmony Plus* **(Plus Variant).**

Each Plan may be opted in either:

a. **Standard Variant**; or
b. **Plus Variant**, which provides additional benefits as specified under Clause 34.1.

The applicable variant shall be specified in the Policy Schedule.

ELEVATE HER BLOOM – ADOLESCENT & EARLY REPRODUCTIVE HEALTH ADD-ON

This Plan is available if you are between **14 to 22 years of age**. You may renew this Plan only until you reach 22 years. After that, you must move to the next eligible Elevate HER Plan at renewal. If you have a multi-year base Policy, the transition to the next Plan will take place only at the time of renewal, even if you cross the eligible age mid-term.

Digital & Wellness Services

We will provide unlimited teleconsultations with gynaecologists (Elevate HER Gynae care plus), nutritionists (Elevate HER Nutri care Plus) and mental health (Elevate HER Mind Care Plus) professionals through our designated digital platform. You will also have access to app-based services (Elevate HER Wellness Hub) for menstrual health tracking, reproductive health and contraception education, Polycystic Ovary Syndrome/ Polycystic Ovarian Disease (PCOS/PCOD) support, irregular period support, mental wellbeing, bullying and peer pressure counselling and peer group support.

Diagnostic credits

We will provide a Diagnostic credit points for each Policy Year, representing the maximum payable limit for all diagnostic tests covered under this Plan.

Under Elevate HER Bloom , the eligible diagnostic tests shall include CBC, FBS, TSH, Vitamin D, Serum Ferritin, Urine Routine & Microscopy and HbA1c. These tests shall be availed only as a bundled health check-up, without the requirement of a consultation prescription, on a cashless basis through our partner network.

USG is included under this Plan and shall be covered only if advised by a gynaecologist. The test may be availed at any diagnostic centre on cashless (within network) or reimbursement mode. Reimbursement shall be subject to submission of the USG report, payment receipt and consultation note from Gynaecologist, limited to the available Diagnostic credi balance.

The aggregate amount payable for all diagnostics, including the bundled health check-up tests and USG Pelvis, shall be limited to 2,000 credit points per Policy Year. Diagnostics availed beyond the available Diagnostic credi balance or outside the scope of this Plan shall not be payable.

This benefit is in addition to any Optional Cover for Health Check-up, diagnostic test for Be-fit if opted and specified in the Policy Schedule.

Elevate HER GynaeCare Visit -OPD Consultations

We will cover up to two (2) physical outpatient gynecology consultations per Policy Year on a cashless basis through our network, subject to an aggregate sub-limit of ₹1,500 per Policy Year, whichever is lower.
This benefit shall be available over and above the outpatient consultation limits, if any, provided under the BeFit Optional Cover, where opted for and specified in the Policy Schedule.
Consultations in excess of the above limits or availed outside our network shall not be payable.
A 30-day initial Waiting Period applies on Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation unless renewed continuously.

ELEVATE HER THRIVE – WOMEN'S PREVENTIVE & HORMONAL WELLNESS ADD-ON

This Plan is available if you are **23 to 45 years**.
If you were earlier covered under Elevate HER Bloom and have completed 22 years, you must move to this Plan or to Elevate HER Nurture at renewal.

Digital & Wellness Services
We will provide unlimited teleconsultations with gynaecologists(Elevate HER Gynae care plus) , mental health professionals (Elevate HER Mind Care Plus) and nutritionists(Elevate HER Nutri care Plus) , along with app-based (Elevate HER Wellness Hub) hormonal, metabolic, thyroid and menstrual wellness programs.

Diagnostic credits

We will provide a Diagnostic credit points for each Policy Year, representing the maximum payable limit for all diagnostic tests covered under this Plan.

Under Elevate HER Thrive, the eligible diagnostic tests shall include CBC, FBS, HbA1c, TSH, LFT, Lipid Profile, Vitamin D, Serum Ferritin and Urine Routine & Microscopy. These tests shall be availed only as a bundled health check-up, without the requirement of a consultation prescription, on a cashless basis through our partner network.

USG is included under this Plan and shall be covered only if advised by a gynaecologist. The test may be availed at any diagnostic centre on cashless (within network) or reimbursement mode. Reimbursement shall be subject to submission of the USG report, payment receipt and consultation note from Gynaecologist, limited to the available Diagnostic credit balance.

Pap smear is included under this Plan after a waiting period of one (1) Policy Year, i.e., from the second Policy Year onwards. After the first use, it can be availed once every two (2) Policy Years. The test may be availed at any diagnostic centre on cashless (within network) or reimbursement mode. Reimbursement shall be subjected to submission of the test report and payment receipt, limited to the available Diagnostic credit balance.

The aggregate amount payable for all diagnostics, including the bundled health check-up tests, USG and Pap smear, shall be limited to 2,500 credit points per Policy Year. Diagnostics availed beyond the available Diagnostic credit balance or outside the scope of this Plan shall not be payable.

This benefit is in addition to any Optional Cover for Health Check-up, diagnostic test for Be-fit, if opted and specified in the Policy Schedule.

Elevate HER GynaeCare Visit -OPD Consultations

We will cover up to two (2) physical outpatient gynaecology consultations per Policy Year on a cashless basis through our network, subject to an aggregate sub-limit of ₹1,500 per Policy Year, whichever is lower.

This benefit shall be available over and above the outpatient consultation limits, if any, provided under the BeFit Optional Cover, where opted for and specified in the Policy Schedule.

Consultations in excess of the above limits or availed outside our network shall not be payable.

A 30-day initial Waiting Period applies on Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation unless renewed continuously.

ELEVATE HER NURTURE – MATERNITY, WELLNESS & ART ADD-ON

This Plan is available if you are **23 to 45 years** and are covered as an **adult** under an individual or floater base Policy with a **base Sum Insured of ₹7.5 lakh or above**We will also cover:

Maternity Cover

We will cover upto a maximum of 3 deliveries or termination (Expenses related to medically recommended lawful termination of pregnancy but only in a life-threatening situation/condition and on the advice of a Medical Practitioner) during the lifetime of a female insured person up to the Sum Insured applicable under this Optional Cover.

Each confirmed pregnancy shall be treated as one single maternity event. All medical expenses related to that pregnancy — including complications, hospitalization, delivery, or lawful termination — shall be considered part of the same event.

The Sum Insured for this optional cover shall be determined based on the Base Policy Sum Insured as specified in the applicable benefit table and shall be in addition to, and independent of, the Base Policy Sum Insured. Claims admissible under this Optional Cover shall not reduce the Base Policy Sum Insured.

We will also cover:

- Pre-natal expenses (from conception until delivery), and
- Post-natal expenses up to 30 days after delivery

—but only when these form part of an admissible inpatient maternity claim.

This optional cover will have a waiting period of 24 months for maternity cover from the date it is opted and specified in the Policy Schedule.

Artificial Reproductive technology (ART) Cover

We will cover medically necessary ART procedures including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and IUI, performed at **Government registered centres as per** The Assisted Reproductive Technology (Regulation) Act, 2021 and associated rules for insured female only.

All ART services under this Add-on will be governed by, and must comply with, the eligibility criteria and regulatory requirements prescribed under The Assisted Reproductive Technology (Regulation) Act, 2021 and associated rules.

One ART procedure is admissible per Policy Year after completing a **3-year Waiting Period (**from the date it is opted and specified in the Policy Schedule),with a lifetime maximum of three procedures.

Pre-procedure tests, drug therapy, oocyte retrieval, embryo transfer and daycare treatment for Artificial Reproductive technology (ART) will be covered for insured female only. ART for elective or non-medical reasons will not be covered.

Expenses incurred for male diagnostic tests, male drug therapy, surgical sperm retrieval procedures performed exclusively for the male partner, and any procedure or treatment undertaken for male partner shall not be covered under this Add-on.

Maternity and ART Coverage Limit under Elevate HER Nurture

This Optional Cover provides a separate Sum Insured for Maternity event and ART benefits over and above the Base Policy Sum Insured, subject to the terms and limits of this Optional Cover. The applicable Sum Insured depends on the Base Policy Sum Insured, as shown in the table below.

Any treatment related to the complication of pregnancy or termination will be treated within the maternity sub limits. On Renewal, if an enhanced sub-limit is applicable under this Add on, waiting period as mentioned above for Maternity and ART would apply afresh to the extent of the increased coverage limit.

Base SI	Coverage limit for Maternity+ART
₹7.5 lakh	₹75,000
₹10 lakh	₹1,00,000
₹15 lakh	₹1,00,000
₹20 lakh	₹1,00 ,000
₹25 lakh	₹1,50,000
₹50 lakh	₹1,50,000
₹1 crore	₹2,00,000
₹3 crore	₹2,00,000
Unlimited	₹2,00,000

Digital & Wellness Services

We will provide unlimited teleconsultations with gynaecologists (Elevate HER Gynae care plus), nutritionists (Elevate HER Nutri care Plus) and mental health (Elevate HER Mind Care Plus)professionals through our designated digital platform. You will also have access to app-based services (Elevate HER Wellness Hub) such as lactation support, postpartum fitness, childbirth and parenting workshops, fertility preservation counselling, cord blood banking awareness, menstrual tracking tools and mental health programs through our designated digital partner (ILTC app).

Elevate HER GynaeCare Visit -OPD Consultations

We will cover up to two (2) physical outpatient gynaecology (includes Obstetrician consultation)consultations per Policy Year on a cashless basis through our network, subject to an aggregate sub-limit of ₹1,500 per Policy Year, whichever is lower.
This benefit shall be available over and above the outpatient consultation limits, if any, provided under the BeFit Optional Cover, where opted for and specified in the Policy Schedule.
Consultations in excess of the above limits or availed outside our network shall not be payable.

Diagnostic credits

We will provide a Diagnostic credits for each Policy Year, representing the maximum payable limit for all diagnostic tests covered under this Plan.

Under Elevate HER Nurture, the eligible diagnostic tests shall include CBC, FBS, TSH, Urine Routine & Microscopy, HbA1c, LFT, Lipid Profile, Vitamin D, FSH, LH and Prolactin. These tests shall be availed only as a bundled health check-up, without the requirement of a consultation prescription, on a cashless basis through our partner network.

USG is included under this Plan and shall be covered only if advised by a gynaecologist. The test may be availed at any diagnostic centre on cashless (within network) or reimbursement mode. Reimbursement shall be subject to submission of the USG report, payment receipt and consultation note from Gynaecologist, limited to the available Diagnostic credits balance.

Pap smear is included under this Plan after a waiting period of one (1) Policy Year, i.e., from the second Policy Year onwards. After the first use, it can be availed once every two (2) Policy Years. The test may be availed at any diagnostic centre on cashless (within network) or reimbursement mode. Reimbursement shall be subjected to submission of the test report and payment receipt, limited to the available Diagnostic credits balance.

The aggregate amount payable for all diagnostics, including the bundled health check-up tests, USG and Pap smear, shall be limited to 3,000 credit points per Policy Year. Diagnostics availed beyond the available Diagnostic credit balance or outside the scope of this Plan shall not be payable.

This benefit is in addition to any Optional Cover for Health Check-up, diagnostic test for Be-fit if opted and specified in the Policy Schedule.

Waiting Periods: 24 months for maternity, 36 months for ART, and 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation .

ART conducted at non-ICMR centres, elective abortions, expenses beyond financial limits, cosmetic care and claims arising within applicable Waiting Periods will not be covered.

ELEVATE HER HARMONY – MENOPAUSE & HORMONAL HEALTH ADD-ON

This Plan is available if you are **46 to 60 years** and may be renewed lifelong as long as the base Policy is renewed.

Digital & Wellness Services

We will provide unlimited teleconsultations with gynaecologists (Elevate HER Gynae care plus), nutritionists (Elevate HER Nutri care Plus) and mental health (Elevate HER Mind Care Plus) professionals through our designated digital platform. You will also have access to app-based services (Elevate HER Wellness Hub) related to menopause and hormonal health programs.

Elevate HER GynaeCare Visit -OPD Cover

We will cover up to two (2) physical outpatient gynaecology consultations per Policy Year on a cashless basis through our network, subject to an aggregate sub-limit of INR1,500 per Policy Year, whichever is lower.

This benefit shall be available over and above the outpatient consultation limits, if any, provided under the BeFit Optional Cover, where opted for and specified in the Policy Schedule.

Consultations in excess of the above limits or availed outside our network shall not be payable.

Diagnostic credits

We will provide a Diagnostic credit points for each Policy Year, representing the maximum payable limit for all diagnostic tests covered under this Plan.

Under Elevate HER Harmony, the eligible health check-up tests shall include CBC, FBS, HbA1c, TSH, LFT, Lipid Profile, Vitamin D and Vitamin B12, Urine routine and microscopy. These tests shall be availed only as a bundled annual health check-up, without the requirement of a consultation prescription, on a cashless basis through our partner network.

DEXA scan, Mammography, Pap smear and TMT/ECG are included under this Plan after a waiting period of one (1) Policy Year, i.e., from the second Policy Year onwards. After the first use, it can be availed once every two (2) Policy Years. These tests may be availed at any diagnostic centre, on cashless (within network) or reimbursement mode without the requirement of a doctor's advice. Reimbursement shall be subject to submission of the test reports and payment receipts, limited to the available Diagnostic credit balance.

USG is included under this Plan and shall be covered only if advised by a gynaecologist. The test may be availed at any diagnostic centre on cashless (within network) or reimbursement mode. Reimbursement shall be subject to submission of the USG report, payment receipt and consultation note from Gynaecologist, limited to the available Diagnostic credit balance.

The aggregate amount payable for all diagnostics, including the bundled health check-up tests, USG, DEXA scan, Mamogram, Pap smear and TMT/ECG shall be limited to 4,500 credit points per Policy Year.

Diagnostics availed beyond the available Diagnostic credit balance or outside the scope of this Plan shall not be payable.

This benefit is in addition to any Optional Cover for Health Check-up, diagnostic test for Be-fit if opted and specified in the Policy Schedule.

A 30-day initial Waiting Period applies on Diagnostic credit and Elevate HER GynaeCare Visit-OPD consultation unless renewed continuously.

34.1 Women Cancer Benefit (Applicable only under Plus Variant)

Under the Elevate HER – Women Care Add-on, each Plan, namely Elevate HER Bloom, Elevate HER Thrive, Elevate HER Nurture and Elevate HER Harmony, may also be offered in a Plus Variant, referred to as Elevate HER Bloom Plus, Elevate HER Thrive Plus, Elevate HER Nurture Plus and Elevate HER Harmony Plus.

The Plus Variant shall provide all benefits, features, terms and conditions applicable to the corresponding base Plan, and shall additionally include the Women Cancer Benefit as specified under this section.

.Further, where a claim has been admitted and paid under the Women Cancer Benefit provided under the Plus Variant, the Insured Person shall not be eligible to opt for Optional Cover 17 – Critical Illness at any future renewals under this Policy.

34.1.1. Scope of Benefit

We shall pay a lump sum amount upon First Diagnosis of any of the specified Women-specific Cancers during the Policy Period, subject to the terms and conditions herein.

34.1.2. Covered Conditions

This Benefit shall cover the following:

a. Breast Cancer
b. Cervical Cancer
c. Ovarian Cancer
d. Fallopian Tube Cancer
e. Vaginal Cancer
f. Cancer of Vulva
g. Uterine / Endometrial Cancer
h. Thyroid Cancer

34.1.3. Benefit Trigger

The Benefit shall be payable upon satisfaction of all the following:

i. First Diagnosis of a covered cancer during the Policy Period;
ii. Diagnosis confirmed by histopathological evidence and certified by a Pathologist;
iii. Signs or symptoms first occurring after completion of the applicable Waiting Period.

34.1.4. Sum Insured

The Sum Insured under this Benefit shall:

i. Be equal to the Base Policy Sum Insured;
ii. Be subject to a maximum cap of ₹50,00,000 per Insured Person;
iii. Be payable independent of and without reducing the Base Policy Sum Insured.

34.1.5. Nature of Benefit and Termination

i. This is a fixed benefit payout, irrespective of actual expenses incurred.
ii. The Benefit shall be payable once during the lifetime of the Insured Person.

iii. Upon payment of a claim: Coverage under this Benefit shall terminate for that Insured Person; and The Insured Person shall not be eligible for subsequent renewal of the Plus Variant.

34.1.6. Waiting Period

A Specified Waiting Period of 90 days shall apply from the date of inception of the Plus Variant for the women cancer benefit. Waiting period for other services (Wellness, Maternity, ART etc) will be same as mentioned for the standard plan as per the applicable plan.

No Benefit shall be payable for:

i. Any condition where signs or symptoms first occur within the Waiting Period;
ii. Any condition arising out of a Pre-existing Disease.

34.1.7. Specific Definitions

a. Breast Cancer
Includes:

- Carcinoma in situ (localized pre-invasive lesion confirmed histologically);
- Invasive malignancy with tissue invasion and destruction confirmed by histopathology.

Pre-malignant lesions (other than carcinoma in situ) are excluded.

b. Cervical Cancer
Includes:

- Cervical intraepithelial neoplasia (CIN) and squamous intraepithelial lesions;
- Invasive malignancy confirmed by histopathology.

c. Other Covered Cancers
Shall mean histologically confirmed malignant tumors characterized by uncontrolled growth and invasion of normal tissues.

34.1.8. Claim Conditions

i. In case of diagnosis of more than one listed cancer, the maximum liability shall be limited to the Sum Insured under this Benefit.

ii. The date of diagnosis shall be the date of first histopathological confirmation.

34.1.9. Claim Documentation

a. Claim form duly filled and signed
b. Certificate by treating medical practitioner duly attested
c. Current and past consultation papers
d. All histology/cytology/FNAC/Biopsy/Immuno-chemistry reports, X-ray, CT Scan, MRI, PET Scan, Bone Marrow Test, Cancer Markers, all other pathological tests
e. Discharge summary where applicable (in case of hospitalisation)
f. Indoor case papers where available (in case of hospitalisation)
g. Bills and receipts from hospitals, doctor consultations and diagnostic procedures, where applicable

34.1.10. Exclusions (Specific to Women Cancer Benefit)

The following are specifically excluded:

a. Where the symptoms indicative of such cancer have first manifested or first occurred prior to the Risk Inception Date
b. Where the symptoms indicative of such cancer have first manifested or first occurred within the mandatory waiting period as specified in the policy schedule
c. Arising on account of or in connection with any Pre-Existing Disease(s).
d. Arising out of any external congenital anomaly of the Insured Person.

e. Where any claim made without a medical certificate or records from the treating Medical Practitioner evidencing the diagnosis of such Cancer

34.2. Applicability of Base Plan Wordings

All benefits, terms, conditions and exclusions applicable to the respective Elevate HER Plans shall continue to apply to both Standard and Plus Variants unless expressly modified under Clause 34.1.

34.3. Benefit Matrix Interpretation

The Benefit Matrix shall specify Plan-wise benefits.

For policies where the **Plus Variant** is opted, the Women Cancer Benefit shall be deemed to be included **in addition to** the benefits specified for the respective Plan.

Benefit Matrix –Elevate HER- Women care Add on- For Standard and Plus Plans

Benefit Parameter	Elevate HER Bloom	Elevate HER Thrive	Elevate HER Nurture	Elevate HER Harmony
Eligible Age (Completed Age)	14 – 22 years	23 – 45 years	23 – 45 years	46 – 60 years
Base Policy Eligibility	Any Elevate Base Policy	Any Elevate Base Policy	Base SI ≥ ₹7.5 lakh	Any Elevate Base Policy

			(Individual/Floater)	
Renewal Eligibility	Up to 22 years only	Up to 45 years only	Up to 45 years only	Lifelong renewal if enrolled ≤ 60
Gynaecologist teleconsultation (Elevate HER Gynae care plus)	Unlimited	Unlimited	Unlimited	Unlimited
Nutritionist teleconsultation (Elevate HER Nutri care Plus)	Unlimited	Unlimited	Unlimited	Unlimited
Mental health teleconsultation (Elevate HER Mind Care Plus)	Unlimited	Unlimited	Unlimited	Unlimited
Elevate HER GynaeCare Visit - OPD Cover	Up to 2 per Policy Year, ₹1,500 aggregate	Up to 2 per Policy Year, ₹1,500 aggregate	Up to 2 per Policy Year, ₹1,500 aggregate	Up to 2 per Policy Year, ₹1,500 aggregate
Diagnostic credit (Annual)	2,000 points	2,500 points	3,000 points	4,500 points
Bundled Health Check-up	Yes (Defined tests)	Yes (Defined tests)	Yes (Defined tests)	Yes (Defined tests)
USG Pelvis	Covered if advised	Covered if advised	Covered if advised	Covered if advised
Pap Smear	Not Covered	Once every alternate year	Once every alternate year	Once every alternate year

DEXA / Mammography / TMT / ECG	Not Covered	Not Covered	Not Covered	Once every alternate year
Wellness & Digital Programs	Menstrual tracking, PCOS/PCOD, mental wellness, peer support	Hormonal, metabolic & thyroid wellness	Lactation, postpartum fitness, fertility counselling, mental wellness	Menopause & hormonal wellness
Maternity Hospitalisation	Not Covered	Not Covered	Covered (Normal/C-section/LTP)	Not Covered
Maternity Sum Insured	NA	NA	Separate SI linked to Base SI	NA
Pre & Post-Natal Expenses	NA	NA	Covered when part of admissible inpatient claim within maternity limit	NA
Lifetime Maternity Limit	NA	NA	Maximum 3	NA
Maternity waiting period	NA	NA	24 months	NA

ART / IVF Coverage	Not Covered	Not Covered	Covered (IVF, ICSI, IUI)	Not Covered
ART Waiting Period	NA	NA	36 months	NA
Initial Waiting Period (For Diagnostic credit and Elevate HER Gynaecare Visit)	30 days	30 days	30 days	30 days
Women cancer benefit waiting period (*applicable only for* ***Plus Plans***)	90 days	90 days	90 days	90 days

35. Power Booster Plus:

This optional cover shall be available only at renewal of policy. We will provide an additional Bonus of 100% of the Sum Insured regardless of whether a claim has been made in the Policy Year. The Power Booster Plus can be accumulated up to Unlimited Sum Insured. However, this Optional Cover is not available for policies with Unlimited Sum Insured. In case You opt out of this cover at the time of renewal, all the bonus accumulated under Power Booster Plus will reduce to zero. All conditions applicable under Loyalty Bonus will be applicable to this Optional Cover.

Power Booster Plus bonus Sum insured shall be available from the policy start date of such renewed policy.

This optional cover shall not be available for opting if Power Booster is applicable in expiring Policy. On subsequent renewals as well, only one of the two optional covers-Power Booster and Power Booster Plus can be opted/renewed.

WHAT WE WILL NOT PAY (EXCLUSIONS UNDER THE POLICY)

Any expenses incurred by You in relation to the following are excluded from the scope of cover and therefore not payable by Us:

:

i. Standard Exclusion

1. Pre-Existing Diseases - Code- Excl01

Treatment of a Pre-existing Disease and its direct complications, until the expiry of 36 months of continuous coverage after the date of inception of the first Policy with Us.

a. In case of enhancement of the Sum Insured, this exclusion shall apply afresh to the extent of Sum Insured increased.
b. If You are continuously covered without any Break in Policy, then the waiting period for the same would be reduced to the extent of prior coverage, subject to the IRDAI norms on portability and migration.
c. Coverage under the Policy after the expiry of 36 months for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period/Specific Waiting Period- Code- Excl02

Treatment of the below-listed conditions and surgeries/treatments, until the expiry of 24 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.

a. In case of enhancement of Sum Insured, this exclusion shall apply afresh to the extent of Sum Insured increased.
b. If any of the below-listed conditions and surgeries/treatments fall under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.
c. The waiting period for the below-listed conditions and surgeries/treatments shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
d. If You are continuously covered without any Break in Policy, then waiting period for the same would be reduced to the extent of prior coverage, subject to the IRDAI norms on portability and migration.
e. List of conditions and surgeries/treatments:
    i. Any types of gastric or duodenal ulcers.
    ii. Benign prostatic hypertrophy.
    iii. All types of sinuses.
    iv. Hemorrhoids.
    v. Dysfunctional uterine bleeding.
    vi. Endometriosis.
    vii. Stones in the urinary and biliary systems.
    viii. Surgery on ears / tonsils / adenoids / paranasal sinuses.

ix. Cataracts.
x. Hernia of all types and hydrocele.
xi. Fistulae in anus.
xii. Fissure in anus.
xiii. Fibromyoma.
xiv. Hysterectomy.
xv. Surgery for any skin ailment.
xvi. Surgery on all internal or external tumours / cysts / nodules / polyps of any kind including breast lumps with exception of malignancy.
xvii. Dialysis required for chronic renal failure.
xviii. Joint replacement surgeries unless necessitated by Accident happening after the Policy risk inception date.
xix. Dilatation and curettage.
xx. Varicose veins and varicose ulcers.
xxi. Non-infective arthritis and other form arthritis.
xxii. Gout and rheumatism.
xxiii. Prolapse inter vertebral disc and spinal diseases, including spondylitis/spondylosis, unless arising from Accident.

3. 90-day Waiting Period

Treatment of the below mentioned Illnesses within 90 days from the first Policy start date, unless they are Pre-existing Diseases and disclosed at the time of Policy issuance:

i. Hypertension
ii. Diabetes
iii. Cardiac Conditions

a. This exclusion shall not apply if You have continuous coverage for more than 12 months.
b. The 90 day waiting period applies to the enhanced Sum Insured in the event of subsequent enhancements to the Sum Insured.

4. 30-day Waiting Period- Code- Excl03

Treatment of any Illness within 30 days from the first Policy start date, except covered claims arising due to an Accident.

a. This exclusion shall not apply if You have continuous coverage for more than 12 months.
b. The 30 day waiting period applies the enhanced Sum Insured in the event of subsequent enhancements to the Sum Insured.

5. **Investigation & Evaluation- Code- Excl04**

Any admission for diagnostics and evaluation purposes only, and any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

6. **Rest Cure, Rehabilitation and Respite care- Code- Excl05**
   a. Expenses related to any admission for enforced bed rest and not for receiving treatment are excluded. This also includes :
      i. a. Custodial care, either at home or in a nursing facility, for personal care such to help with activities of daily living, such as bathing, dressing, and moving around, either by Qualified Nurses or assistants or non-skilled persons.
7. b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.**Obesity/ Weight Control: Code- Excl06**

   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1. Surgery to be conducted is upon the advice of the Doctor
   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);
      a. greater than or equal to 40 or
      b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnea
         iv. Uncontrolled Type2 Diabetes

8. **Change-of-Gender Treatments: Code- Excl07**

   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

9. **Cosmetic or plastic Surgery : Code- Excl08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to You For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

10. Hazardous or Adventure Sports : Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

11. Breach of Law : Code- Excl10

Treatment directly arising from or consequent to Your commission or attempt to commit a breach of law with criminal intent.

12. Excluded Providers : Code- Excl 11

Ttreatment in any Hhospital or by any Medical Practitioner or any other Service Pprovider / Network Provider specifically excluded by the insurerUs and disclosed in itson Our website / notified to the policyholders Younot admissi.

a. However, in case of life threatening situationswhere Emergency Care is required or following an Illness or Injuryaccident, expenses up to the stage of stabilization are payable but not the complete claim.

b. (The list of excluded Service Pproviders / Network Provider / delisted Hhospitals is available on our website www.icicilombard.com and is timely updated.).

13. Alcohol, Drugs, or Substance Abuse: Code- Excl 12

Treatment for alcoholism, drug or substance abuse, or any addictive condition and consequences thereof.

14. Hydrotherapy: Code- Excl13

Treatment received in health hydros, nature cure clinics, spas or similar establishments, in private beds registered as a nursing home attached to such establishments, or where admission is arranged wholly or partly for domestic reasons.

15. Dietary Supplements: Code- Excl14

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 or Day Care Treatment.

16. Refractive Error: Code- Excl15

Treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.

17. Unproven Treatments: Code- Excl 16

Unproven/Experimental Treatment and any services or supplies in connection with the same.

18. Sterility and Infertility: Code- Excl 17

Expenses related to sterility and infertility. This includes:

a. Any type of contraception or sterilization.
b. Assisted reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (except where admissible under Basic Cover – In-Patient Hospitalization for Oocyte Donor).
c. Gestational Surrogacy (except where admissible under Basic Cover – In-Patient Hospitalization of the Surrogate Mother).
d. Reversal of sterilization.
e. The exclusion under Clause (b) above shall not apply to Medical Expenses towards Assisted Reproductive Technology (ART) procedures, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI, where the Insured Person has opted for the Optional Cover "**Elevate HER Nurture-Maternity, Wellness & ART add-on and Elevate HER Nurture Plus add on**", and such expenses are admissible strictly in accordance with the terms, conditions, waiting periods, sub-limits and other provisions specified under the said Optional Cover.

19. Maternity: Code Excl18

a. Treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the policy period.
c. This exclusion will not be applicable in case Optional Cover- Maternity Benefit or Elevate HER Nurture plan has been opted.

ii. **Specific Exclusions (Exclusions other than those specified under (d)(i) above)**

20. 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.

21. 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:

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 or Injury.
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 or Injury.
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 or Injury.

22. Out-Patient treatment, unless Optional Cover - BeFit has been opted.

23. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome or cost of cochlear implant(s), unless necessitated by an Illness or Injury or required intra-operatively.

24. Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by you while Hospitalized due to an Accident.

25. Treatment taken outside the geographical limits of India. This exclusion shall not be applicable in case Optional Cover - Worldwide Cover has been opted.

26. Personal comfort, cosmetics, convenience, and hygiene related items and services.

27. Acupressure, acupuncture, magnetic, and other therapies.

28. Circumcision, unless it is Medically Necessary Treatment of an Illness or Injury.

29. Venereal disease or any sexually transmitted disease, except HIV.

30. Screening, counselling, or treatment relating to external birth defects and external congenital Illnesses or defects or anomalies.

31. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise).

32. Any Illness or Injury or treatment or service that is specifically excluded in the Policy Schedule under "Special Conditions".

Discounts/Loading Factors :

1. Tenure discount

Tenure of policy	Discount percentage
2 years	10% discount on 2nd year premium
3 years	15% discount on 3rd year premium
4 years	15% discount on 4th year premium
5 years	15% discount on 5th year premium

2. Zone based discount

Zone	State/District	Discount/Loading on Premium
Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Haryana (excl. Faridabad, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal), Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district	No discount on premium
Zone B	Pune, Kolkata, Telangana (Incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand	10% discount on Zone A premium

Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region))	15% discount on Zone A premium
Zone D	Rest of NCR[Alwar, Bagpat, Bharatpur, Bulandshahr, Faridabad, Gautam Buddha Nagar excluding Noida, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal]	12.5% loading on Zone A Premium

The premium will depend on Your city of residence and pincode. Please inform us immediately in case of any change in the same. Not doing so, may impact your claim admissibility. There shall be no zone-based co-payment applicable.

3. **Loading:** We may apply a risk based loading on premium payable (based upon the declarations made and the health status of the person proposed for insurance). The maximum risk loading applicable shall not exceed 200% of base premium. This risk based loading will be applicable, to the extent as applied at the time of first policy, at renewals as well. We will not apply any additional loading at renewal based on claim experience. We will inform you about the applicable risk loading through a counter offer letter at the time of Your risk assessment before first policy. You need to revert to us with consent and additional premium, if any within 15 days of issuance of such counter offer letter. If You neither accept the counter offer letter nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid. Please note that We will issue policy only after getting Your consent.

How do I claim my insurance ?

Cashless Basis

In case of emergency or planned Hospitalisation, use Your health ID card at our Network Provider and avail of cashless service 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. Cashless approval is subject to Pre-authorisation by Us.

Pre-authorization Prior to taking treatment and/ or incurring Medical Expenses at a Service Provider / Network Provider, You must contact Us or Our in house claim processing team accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holderthe Insured Person (if You are an Insured Person under a Family Floater Policy), 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 / Hospitalizsation. You must request pre-authorization at least 48 hours before a planned Hospitalization and in case of an Eemergency situationCare, within 24 hours of Hospitalization.

To avail of Cashless Hospitalization Ffacility, 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, oOr You can seek pre- authorization by providing Your Policy number and ID proof to the Hhospital who can co-ordinate with Our claim team to provide a Ccashless Ffacility. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which Ccashless Hospitalization Ffacility is sought by You and We will confirm Your request in writing.

If You notify pre-authorization request for cashless facility through any of Our empaneled network Service Providers / Network Providers hospitals along with complete set of documents and& information, We will respond within 1 hour of the actual receipt of such pre-authorization request. Further, we shall grant final authorization within three 3 hours of the receipt of discharge authorization request from the hospital.

Reimbursement Basis

In case of reimbursement settlement, You should immediately notify Us about the claim by calling at the toll free number as specified in the Policy.. The claim will be processed within 15 days of receipt of claim along with following documents:

a. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from Our website www.icicilombard.com
b. Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
c. Original bills from chemists supported by proper prescription.
d. Original investigation test reports and payment receipts.
e. Indoor case papers
f. Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.
g. Any other document as required by Us or Our In house claim processing team to investigate the Claim or Our obligation to make payment for it

The relevant documents can be sent to

1st, 4th (Half), 5th and 6th floors,
Varun Towers- II, Opp. Hyderabad Public school,
Begumpet, Hyderabad,
District Hyderabad,
Telangana Pin code -500016.

Terms of Renewal

- The Policy shall ordinarily be renewable, except on grounds of established fraud, non-disclosure of material facts, or misrepresentation by You, provided the Policy is not withdrawn and also subject to moratorium conditions:

- Renewal shall not be denied on the ground that You had made a claim(s) in the preceding Policy Years.
- Request for renewal along with requisite premium shall be received by Us 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.
- For individual products, the loadings on renewal premium shall be at portfolio and not based upon any individual Policy claim experience. However, discount in premium may be provided by us to You for good claims experience.

- We will not carry out any fresh underwriting at renewal stage where there is no increase in the Sum Insured. Provided that where there is an improvement in the risk profile, the company may endeavor to recognize that for removal of loadings at the point of renewal.

- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change. Renewal premium may change basis the age of your's, Addition or deletion of any add-ons/optional covers, Change in any policy conditions such as – floater/ individual, change in zone opted, any co-payment opted, policy tenure, etc, Increase/ decrease in the Sum insured opted for, Change in any tax laws by the Government. Risk based loading (if any) on premium will be applicable from Policy Period Start Date including subsequent Renewal(s) with Us

- Lifetime renewability

- **Withdrawal of Policy:**

In the likelihood of this product being withdrawn in future, We will intimate You about the same 90 days prior to expiry of the Policy.You will have the option to migrate to a similar health Policy available with Us at the time of renewal with all the

accrued continuity benefits, such as Loyalty Bonus and waiver of waiting period as per regulatory prescriptions, provided the Policy has been maintained without a Break in Policy.

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- **Grace Period -** The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 15 days in case premium is paid in monthly instalments and 30 days in all other cases from the expiry of the Policy. We will not be liable for any Claim which occurs during the Grace Period. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period

- **Cancellation -** You may cancel this policy by giving 7 days' written notice and in such an event, We shall:

i. Refund proportionate premium for unexpired Policy Period, if the term of the Policy is up to 1 year and claim was made during the Policy Period.

ii. Refund premium for the unexpired Policy Period, in respect of Policies with term more than 1 year and risk coverage for such Policy Years has not commenced.

Note: The abovementioned refund clause shall not be applicable for Policies with a free look period; Premium refund for cancellations during the free look period will be provided as per Clause 5 - Free Look Period.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by You under the Policy.

We may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, and established fraud by You, by giving 7 days' written notice. There would be no refund of premium on cancellation on these grounds.

- **Moratorium:** After completion of 60 continuous months of coverage (including portability and migration) under the Policy, no Policy and claim shall be contestable by Us except on grounds of established fraud. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever the Sum Insured is enhanced, completion of 60 continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.

- **Migration:** In case of migration of this Policy with Us, You can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous Policy to the migrated Policy. We may underwrite the proposal in case of migration, if You have not been continuously covered for 36 months.

- **Portability:**

- You have the choice to port your Policies from one Insurer to another. You shall apply to such insurer to port the entire policy along with all the members of Your family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal.
- You are entitled to transfer the credits gained to the extent of the Sum Insured and the benefits available in the previous Policy, subject to Our underwriting policy.

  We will provide Your information to the new insurerin not more than 72 hours from receiving your request through the Insurance Information Bureau of India.

- **Premium Payment in instalments:** If You have opted for payment of premium on an installment basis ie quarterly, half-yearly, or monthly, as mentioned in the Policy Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. The grace period is 15 days where premium payment mode is on an installment basis, and 30 days in all other cases. We will offer coverage if the premium is paid in installments during the Policy Period.
ii. You will get the accrued continuity benefit in respect of the waiting periods, Specified Disease/ Procedure Waiting Period/ Specific Waiting Periods in the event of payment of premium within the stipulated grace period.
iii. No interest will be charged if the installment premium is not paid on the due date.
iv. If the installment premium due is not received by Us within the grace period, the Policy will get cancelled.
v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vi. We have the right to recover and deduct all the pending installments from the claim amount due under the Policy.

- **Renewal of policy:** The Policy shall ordinarily be renewable, except on grounds of established fraud, non-disclosure of material facts, or misrepresentation by You, provided the Policy is not withdrawn and also subject to moratorium conditions:

i. Renewal shall not be denied on the ground that You had made a claim(s) in the preceding Policy Years.
ii. Request for renewal along with requisite premium shall be received by Us before the end of the Policy Period
iii. 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.
iv. For individual products, the loadings on renewal premium shall be at portfolio and not based upon any individual Policy claim experience. However, discount in premium may be provided by us to You for good claims experience.
v. V. You shall notify Us in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each renewal and We may adjust the scope of cover and/or premium, if necessary, accordingly

Policy Alignment Option: Policy alignment option will be available where you have two separate health indemnity policies with Us, having different policy end dates but want to align the policy start dates. We can align the policies by extending the coverage of one policy till the end date of the other policy. Such policies will be charged with premium on pro rata basis though the sum insured under the policy shall remain constant.

Free Look Period: Every insured ofUnder a new individual health insurance policiesPolicy, except for those Ppolicies with a tenure of less than a year, You shall be provided a free look period of 30 days beginning from the date of receipt of the Ppolicy document, whether received electronically or otherwise, to review the terms and conditions of such Ppolicy. If the insuredYou cancels the Ppolicy within the free look period, then the insuredYou 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 insurerUs on Your medical examination and stamp duty charges.

Endorsements: Any change in plan, add ons / optional covers opted may happen only during renewal subject to underwriting. The proposer may be changed only at the time of renewal. The proposer may be changed during the Policy Period only in case of his/her demise or him/her moving out of India. Mid- term endorsement of addition of member in the policy shall only be allowed for newly wedded spouse by marriage and new born baby with relevant documentation

Change of Sum insured: The Sum Iinsured can be changed (increased or/ decreased) only at the time of rRenewal or at any time, subject to Our underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

Nomination: You are required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of Your death , the Company will pay the nominee {as named in the Policy Schedule/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives whose discharge shall be treated as full and final discharge of its liability under the policy.

Multiple Policies: In case of multiple policies taken You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of his/herYour claim in terms of any of his/herYour policies. In all such cases, the insurer chosen by You shall be treated as the primary iInsurer and shall be obliged to settle the claim, as long as the claim is within the limits of and according to the terms of the chosen policy.

Possibility of Revision of Terms of the Policy Including the Premium Rates

We reserve the right to revise or modify the terms of the policy including the premium rates.

- **Change of Sum Insured**

  The Sum Insured can be increased or decreased only at the time of renewal or at any time, subject to Our underwriting. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

Grievance Redressal Procedure:

In case of any grievance, You may contact the Companyus through:
Website: www.icicilombard.com
Toll free number: 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 personYou may also approach the grievance cell at any of the company'sOur 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 you are not satisfied with the redressal of grievance, You may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com

IfYou are not satisfied with the redressal of grievance, You may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDAI Grievance Call Centre (IGCC) at their toll free no. 1800 4254 732 / 155255.

Insured You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: website: www.irdai.gov.in, or on the Company'sOur website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman.

Benefit Illustration

Annexure – A

Benefit Illustration in respect of policies offered on individual and family floater basis (Elevate)

Age of the members insured	**Coverage opted on individual basis covering each member of the family separately (at a single point in time)**		**Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)**			**Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)**			
	Premium (₹)	Sum insured (₹)	Discount	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
44	11,873	10,00,000	0.00%	11,873	10,00,000	19,667	-	19,667	10,00,000
48	15,129	10,00,000		15,129	10,00,000				
Total Premium for all members of the family is ₹ 27,002 when each member is covered separately.			Total Premium for all members of the family is ₹ 27,002 when they are covered under a single policy.			Total Premium when policy is opted on floater basis is ₹ 19,667			
Sum insured available for each individual is ₹ 10,00,000.			Sum insured available for each family member is ₹ 10,00,000.			Sum insured of ₹ 10,00,000 is available for the entire family.			

Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also the premium rates shall be exclusive of taxes applicable.

Annexure – A Plan Comparison sheet							
Optional Cover	**Classic Plan**	**Plus Plan**	**Secure plan**	**Enhance Plan**	**Signature Plan**	**Essential Plan**	**Signature + Plan**
Claim protector	Optional	In built	In built	Optional	Optional	In built	In built
2 Hour Hospitalization	Optional	In built	In built	In built	In built	In built	In built
Tele consultations	Optional	Optional	In built	In built	In built	In built	In built
Power Booster (Super Loyalty Bonus)	Optional	Optional	Optional	Optional	Optional	In built	In built
Infinite Care	Optional	Optional	Optional	Optional	Optional	In built	In built
Inflation Protector	Optional	Optional	Optional	Optional	Optional	In built	In built
Nursing at home	Optional	In built	In built	In built	In built	Optional	In built
Room modifier	Optional	Optional	Optional	Optional	Optional	In built (Upgrade to Any Room Category)	In built (Upgrade to Any Room Category)
Health Check-Up	Optional	Optional	Optional	Optional	In built	In built	In built
Dependent accommodation benefit	Optional	Optional	In built	In built	In built	Optional	Optional
Durable medical equipment cover	Optional	Optional	Optional	In built	In built	Optional	Optional
Domestic Air Ambulance Cover	Optional	Optional	Optional	Optional	Optional	In built	In built
Worldwide cover	Optional	Optional	Optional	Optional	Optional	Optional	Optional

Worldwide Cover Waiting Period Reduction Option	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Convalescence benefit	Op-tional	Op-tional	Op-tional	In built	In built	Optional	Optional
Compassionate visit	Op-tional	Op-tional	In built	In built	In built	Optional	Optional
Critical Illness	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Personal Accident	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Specific Illness Waiting Period Re-duction Option	Op-tional	Op-tional	Op-tional	Optional	Optional	In built	In built
NRI Advantage Cover	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Vital Essence	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Network Advantage	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Voluntary deductible	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Voluntary co-payment	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Senior care value added services	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Elevate HER - Women Care	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Maternity Cover	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional
Newborn baby Cover	Op-tional	Op-tional	Op-tional	Optional	Optional	Optional	Optional

Newborn baby vaccination cover	Optional	Optional	Optional	Optional	Optional	Optional	Optional
Maternity Waitng Period Reduction Option	Optional	Optional	Optional	Optional	Optional	Optional	Optional
Jumpstart	Optional	Optional	Optional	Optional	Optional	Optional	Optional
Chronic Disease Management Program	Optional	Optional	Optional	Optional	Optional	Optional	Optional
Power Booster Plus	Optional	Optional	Optional	Optional	Optional	Optional	Optional
PED Waiting Period Reduction Option	Optional	Optional	Optional	Optional	Optional	Optional	Optional
BeFit	Optional	Optional	Optional	Optional	Optional	Optional	Optional

- Base covers are common to all plan variants.
- In addition to the optional covers inbuilt in the selected plan, customers may opt for any remaining optional add-ons.

Base covers are common to all plan variants.In addition to the covers included in the selected plan, customers may opt for any remaining optional add-ons.