Golden Shield

Customer Information Sheet/ Know Your Policy

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

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy** Golden Shield	
2.	**Policy Number** xxxxx	
3.	**Type of Insurance Product/Policy** Both Indemnity and Benefit	
4.	**Sum Insured Basis-** Individual Sum Insured ₹ XXXX - where each member has a separate sum insured under the policy Floater Sum Insured- ₹ XXXX – where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5.	**Policy Coverage (What the policy covers?)** **Expenses in respect of:** **i. Basic Covers:-** **1. In-patient Treatment:** Covers Hospitalization expenses for a duration of more than 24 consecutive hours for an insured event. **2. Day Care Treatment**- All daycare procedures covered **3. Technological advancements and Treatments**: Covers For listed procedures up to Annual Sum insured. **4. Pre Hospitalization**: Up to 60 days before hospitalization **5. Post Hospitalization:** Up to 180 days after discharge from hospital **6. Donor Expense**: Up to Annual sum insured, for an organ donor's Hospitalization for an organ donated; subject to a limit of ₹10 Lakhs. **7. Domiciliary Hospitalization**: Up to Annual Sum Insured and loyalty bonus (if any) during the policy period. **8. Home Care Treatment:** Up to 5% of the Annual Sum insured. **9. In Patient AYUSH Hospitalization**: Covered	d. Benefits covered under the policy d. Base Cover.1 d.Base Cover.2 d.Base Cover.3 d.Base Cover.4 d.Base Cover.5 d.Base Cover.6 d.Base Cover.7 d. Base Cover.8 d. Base Cover.9

	10. **Domestic Road Ambulance Cover**: Covers the expenses incurred on road ambulance services up to 1% of the Annual Sum insured subject to maximum limit of ₹10,000 per event of emergency hospitalization.	d. Base Cover.10
	11. **Air Ambulance**: Offered by a healthcare or an air ambulance service provider up to annual sum insured.	d. Base Cover.11
	12. **Base Co-payment:** The policy will involve a 50% co-payment based on the admissible claim amount. The insured to pay 50% of each claim.	d.Base Cover.12
	13. **Loyalty Bonus**: Each year without a claim adds 10% more coverage, up to a maximum of 100% of the annual sum insured. Even if a claim is made, the additional coverage will not be reduced.	d.Base Cover.13
	14. **Reset Benefit**: The Sum Insured will be reset up to 100% of the Annual Sum insured once a policy year for same illness and unlimited times for different illness.	d.Base Cover.14
	15. **Sub-limits applicable**: The expenses during the policy period for treatment of the diseases/ conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) shall be maximum up to the limits mentioned in table under 'Sr. no.8' below.	d.Base Cover.15
	16. **Enhanced Annual Sum Insured for Road Traffic Accidents:** In case of a Road Traffic Accident resulting in in-patient hospitalization, then the Annual Sum Insured shall be doubled.	d. Base Cover.16
	17. **Preventive Health Check-up:** Health checkups with predefined package are available anytime during the policy at our network providers only	d. Base Cover.17
	18. **Incentives associated with Vaccination against pneumococcal disease:** 2.5% premium discount on new or renewed policies if all covered members have had the Pneumococcal vaccine or its equivalent within the last year from the policy start date.	d. Base Cover.18
	Optional Covers (Applicable if opted by the Insured)	
	1. **Claim Protector:** Items listed as non-payable excluded by IRDAI will be covered under this benefit. Limited to Annual Sum Insured under your policy.	d. Optional Covers.1
	2. **Modification of base Co-payment:** The insured person will have the option to reduce his base co-payment from 50% to 40% or 30% or 20% of admissible claim amount of each and every claim.	d. Optional Covers 2.
	3. **Voluntary Deductible:** Voluntary Deductible will be applicable on aggregate basis for all Hospitalization expenses as mentioned in the policy schedule.	d. Optional Covers.3

	4. Care Management Program: Below benefits can be availed in this program: • Tele Consultations • Second E-Opinion for Critical Illness • Diet and Nutrition e-consultation • E-Counseling • Health Management Program: Care Calls, Goal based incentive on outcome of Preventive health check-up • Participation in Yoga/Meditation Sessions/ Completion of Targeted Steps • Medical Vault • Health Assistance • Ambulance Assistance • Discounts on services and products Note- This Optional cover is inbuilt in the plan **5. Care Management Plus Program:** Below benefits can be availed in this program: • Health Care Professional • Update to family members • Out-Patient consultations – up to 4 • Routine Diagnostics and Minor Procedure cover – up to ₹ 2,000 • Pharmacy Cover - up to ₹ 2,000 • Nursing at Home – Up to ₹ 2,000 per day subject to a maximum of 15 days	d. Optional Cover 4 d. Optional Covers.5
6.	**Standard** **1.Code- Excl01-** Pre-Existing Diseases a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) If the Insured Person is continuously covered without any break as defined under relevant Regulations, then waiting period for the same would be reduced to the extent of prior coverage Coverage after the expiry of specified months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.	

2. Code- Excl02- Specified Disease/Procedure waiting period/ Specific Waiting Period

a) Expenses for listed conditions, surgeries/treatments are excluded until the expiry of 24 months of continuous coverage after inception of the first policy with us. Not applicable for claims arising due to an accident.
In case of enhancement of sum insured the exclusion reapplies for increased sum insured.

b) If specified disease/procedure falls under the waiting period specified for pre-existing diseases, the longer waiting period shall apply.

c) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

d) If the Insured Person is continuously covered without any break as defined by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of specific diseases/procedure:

- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy unless because of malignancy
- All types of Hernia, Hydrocele
- Fissures &/or Fistula in anus, haemorrhoids/piles
- Arthritis, gout, rheumatism and spinal disorders
- Joint replacements unless due to accident
- Sinusitis and related disorders
- Stones in the urinary and biliary systems
- Dilatation and curettage , Endometriosis
- All types of Skin and internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant
- Dialysis required for chronic renal failure
- Surgery on tonsils, adenoids and sinuses
- Gastric and Duodenal erosions & ulcers
- Deviated Nasal Septum
- Varicose Veins/ Varicose Ulcers

	3. For treatment of the following illness within 90 days from the first policy commencement date unless they are pre-existing and disclosed at the time of underwriting i. Hypertension ii. Diabetes iii. Cardiac Conditions a) This exclusion does not apply if the Insured Person has continuous coverage for more than twelve months. b) The waiting period also applies to increased sum insured with higher coverage later on. **4.Code- Excl03-30-day waiting period** a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c) The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. **ii. Permanent Exclusions** I. **Code- Excl04:** Investigation & Evaluation II. **Code- Excl05**: Exclusion Name: Rest Cure, rehabilitation and respite care III. **Code- Excl06:** Obesity/ Weight Control IV. **Code- Excl07:** Change of Gender treatments V. **Code- Excl08:** Cosmetic or plastic Surgery VI. **Code- Excl09:** Hazardous or Adventure sports VII. **Code- Excl10:** Breach of law VIII. **Code- Excl11:** Excluded Providers IX. **Code- Excl12:** Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.	e.i.5.iv e.i.5.v e.i.5.vi e.i.5.viii e.i.5.ix e.i.5.xx e.i.5.xi e.i.5.xii e.i.5.xiii

	X.	**Code- Excl13:** Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons	e.i.5.xiv
	XI.	**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 claim or day care procedure.	e.i.5.xv
	XII.	**Code- Excl15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres	e.i.5.xvi
	XIII.	**Code- Excl16:** Unproven Treatments	e.i.5.xvii
	XIV.	**Code- Excl17:** Sterility and Infertility	e.i.5.xviii
	XV.	**Code- Excl18:** Maternity	
	Specific Exclusions		e.ii.6.
	XVI.	Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.	e.ii.7.
	XVII.	Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.	
	XVIII.	Expenses incurred on dental treatment unless necessitated due to an Accident	e.ii.8.
	XIX.	Personal comfort, cosmetics, convenience and hygiene related items and services	e.ii.9. e.ii.10.
	XX.	Acupressure, acupuncture, magnetic and other therapies	
	XXI.	Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident. .	e.ii.11.
	XXII.	Expenses for venereal disease or any sexually transmitted disease (except HIV/AIDS)	e.ii.12.
	XXIII.	Any Treatment or medical services taken outside the geographical boundaries of India	e.ii.13.
	XXIV.	Any expenses incurred on out-patient (OPD) treatment. (This exclusion shall not be applicable in case care management plus program has been opted for by payment of additional premium)	e.ii.14.
	XXV.	Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)	e.ii.15.
	XXVI.	Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion,	

	unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.	e.ii.16.
	XXVII. Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.	e.ii.17.
	XXVIII. Treatment for any condition / illness which requires hormone replacement therapy.	e.ii.18.
	XXIX. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state as demonstrated by: a. Deep coma and unresponsiveness to all forms of stimulation; or b. Absent pupillary light reaction; or c. Absent oculo-vestibular and corneal reflexes; or d. Complete apnea.	e.ii.19.
	Please refer the policy wording for detailed exclusions.	
7.	**Waiting period-** • **Time period during which specified diseases/treatments are not covered** • **It is counted from the beginning of the policy coverage**	e. Exclusions
	• **Pre-Existing Diseases:** Declared & accepted Pre-existing diseases will be covered after 24 months of continuous coverage.	e.i.1
	• **Specified disease/procedure waiting period:** First 24 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing)	e.i.2
	• Expense related to hypertension, diabetes and cardiac conditions within 90 days from the policy commencement date shall be excluded unless they are PED and disclosed at the time of Underwriting.	e.i.3
	• **30-day waiting period:** Initial waiting period (except Hospitalization due to accident).	e.i.4
8.	**Financial limits of coverage**	

i. <u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</u>

The policy will pay only up to the limits specified hereunder for the following diseases/procedures.

a. **Room Rent Capping:**
Room Rent up to Twin sharing room for Sum Insured up to ₹ 10 lacs) and Single private AC room for Sum Insured ₹ 10L and above. — d. Base Cover.1.A

b. **Sub-limits applicable**: The expenses payable during the entire policy period for treatment of the diseases/ conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) shall be maximum up to the limits mentioned in table. — d.Base Cover.15.A

Procedures/ Medical Conditions/ Ailments/ Diseases	**Annual Sum Insured**		
	3L to 5L	**10L/15L/20L**	**>20L**
Treatment of cataract	Up to ₹ 25K per eye	Up to ₹ 50k/ eye	Up to ₹ 75k per eye
Treatment of each and every ailment/procedure mentioned below			
Treatment of cerebrovascular and cardiovascular disorders	₹ 2L	₹ 3.5L	₹ 5L
Treatment/ surgeries for cancer (including chemo/ radio/ oral)			
Treatment of other renal complications and disorders			
Treatment for breakage of long bones/ Joint replacements			
Robotic surgeries for any ailment / condition / disease	₹ 1L	₹ 1.75L	₹ 2.5L

c. **Donor Expense**: Covers Medical Expenses up to Annual sum insured, Subject to a limit of 10 Lakhs. — d.Base Cover.6

d. **Home Care Treatment:** Covers the Medical Expenses up to 5% of the Annual Sum insured. — d.Base Cover.8

e. **Domestic Road Ambulance Cover:** Covers the expenses up to 1% of the Annual Sum insured subject to maximum limit of ₹10,000 per event of emergency hospitalization. — d.Base Cover.10

f. **Enhanced Annual Sum Insured for Road Traffic Accidents:** Annual Sum Insured shall be doubled. — d.Base Cover.16

g. **Incentives associated with Vaccination against pneumococcal disease:** 2.5% discount on premium — d.Base Cover.18

h. **Care Management Plus Program:** The Insured Person can avail the below benefits up to below mentioned limits — d. optional covers.5

- Out-Patient consultations – up to 4

	• Routine Diagnostics and Minor Procedure cover – up to ₹ 2,000 • Pharmacy Cover - up to ₹ 2,000 • Nursing at Home – Up to ₹ 2,000 per day subject to a maximum of 15 days **ii) Co-payment** **(It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)** Base co-payment will be applicable to each and every claim as mentioned in the policy schedule **Zone based pricing -** Premium will be computed basis the zone chosen by the Insured Person. Zone based co-payment will be applicable in case treatment is taken in a higher zone as per table mentioned in the Policy wordings. **iii) Deductible** **(It is a specified amount:** - **Up to which an insurance company will not pay any claim, and** - **Which will be deducted from total claim amount (if claim amount is more than the specified amount)** Deductible will be applicable on aggregate basis for all hospitalisation expenses during the Policy year as mentioned in the policy schedule (if opted) **iv) Any Other Limit (As applicable)** Not Applicable	
9.	**Claims/claims procedures** **Cashless (Pre-Authorization) Procedure;** **Step 1 –** Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. **Step 2 –** The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) **Step 3 –** Request will be processed as per policy terms and conditions **Step 4 –** While you avail treatment the claim payment is settled directly to the Provider/Hospital	g.3. Claims Service Guarantee (Other terms and and conditions g.1. Claims Procedure (Other terms and conditions)

Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp.

If You notify pre authorization request for cashless facility through any of our empanelled network hospitals along with complete set of documents & information, We will decide on request within 1 hours of the actual receipt of such pre authorization request.
Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital

Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App.

List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf.

Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services.

Non-medical and non-payable expenses are your responsibility.

Reimbursement Procedure;
Step 1 – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents.
Step 2 – Send us the claim documents along with the claim form.
You can also emboss the original documents and submit an e-claim on the IL Takecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy.
Step 3 – The claim will be processed as per policy terms and conditions
Step 4 – The approved amount in the claim would be reimbursed to you
You shall be required to furnish the following documents for or in support of a Claim:

1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com

	2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner 3. Original bills from chemists supported by proper prescription. 4. Original investigation test reports and payment receipts. 5. Indoor case papers 6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it **Insurer** needs to be notified of any planned Hospitalization at least 48 hours before admission and 24 hours after admission in the case of emergency hospitalization . We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of discharge from the Hospital, failing which we will have the right to treat the claim as inadmissible. The claim will be processed within 15 days of receipt of claim along with claim form. The relevant documents to be sent to ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016 **Download the Claim Form here** - https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf Use "Anywhere Cashless" through *IL TakeCare App's > Services We Offer > Health Assistance.* Available from 8am to 8pm, Mon to Sat (except public holidays). You can also reach them via email at healthassistance@icicilombard.com or through this web link: https://ilhc.icicilombard.com/Home/healthassistance. For customer support during claims, call our toll-free number 18002666 or email us at customersupport@icicilombard.com.	g.1.3 Claims Service Guarantee

	Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. List of excluded providers/delisted hospitals is available on our website: https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf	
10	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. • For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.	
11.	**Grievances/Complaints** In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com Address: ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf. If Insured person is not satisfied with the redressal of grievance ,insured person may contact the Grievance Redressal Officer of the Company at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com	f.16

	If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDAI Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255 Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman	
12	**Things to remember** **Free Look cancellation:** Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges. (Please refer to the Policy Wordings and the Prospectus for more details) If you wish to cancel the Policy, You may contact us through Our website www.icicilombard.com (Customer Support section) or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com. **Policy renewal:** We shall ordinarily renew the Policy except on grounds of , misrepresentation or established fraud or non-disclosure by the Insured, provided the policy is not withdrawn and also subject to moratorium conditions. (Please refer to the Policy Wordings for more details) **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months	f.15 f.10 f.8

	Portability: a. The insured has the choice to port his / her policies from one Insurer to another. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company c. The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines . d. This benefit is not applicable for enhanced sum insured. .In case You are keen on migrating or outward porting kindly contact us at customersupport@icicilombard.com	f.9
	Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the sum insured.	f.29
	Zone Based Pricing - Premium will be computed basis zone chosen by Insured Person. Zone based co-payment will be applicable in case treatment is taken in a higher zone **Moratorium Period**- After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the Company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	f.12
13	**Your Obligations** • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • In the event of misrepresentation, mis-description, non-disclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this	f. General terms and clauses

	Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.	

Declaration by the Policy Holder:

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

Place:

Date: _____ Signature of the Policy Holder

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

BENEFIT ILLUSTRATION