Group Health Assure Super Top Up

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** Group Health Assure Super Top Up	
2.	**Policy Number** XXXX	
3.	**Type of Insurance Product/Policy** Both Indemnity and Benefit	
4.	**Sum Insured Basis** - Individual Sum Insured- ₹ XXX -where each member has a separate Sum Insured under the policy - Floater Sum Insured – ₹ XXX - where all members under the policy have a single Sum Insured limit which may be utilized by any or all members	
5.	**Policy Coverage (What the policy covers?)** **In-Patient Care Expenses -** up to the Annual Sum Insured for admission longer than 24 consecutive hours. **Day Care Treatment Expenses** – Covers Day Care medical expenses up to Annual Sum insured. **Domiciliary Hospitalization Expenses** Up to the annual sum insured, requiring a minimum of 3 days' hospitalization. **Organ Donor Expenses –**For an organ donated to the Insured Person up to annual sum insured. **AYUSH**- Covers AYUSH treatment expenses in Indian AYUSH facilities (hospital & day care)	Part of Endorsement Wordings

	Pre- Post Hospitalization expenses - Covers Medical expenses for pre and post hospitalization as specified in policy wording issued. **Ambulance Cost** - The Company shall reimburse the expenses incurred on a surface transport ambulance offered by a registered healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities. Coverage under this Section shall be limited to the Sum Insured specified or available Sum Insured under In-Patient Care Expenses of this Policy as mentioned in the Policy Schedule/Certificate of Insurance. **Dental Treatment (Accident)-** The Section covers reimbursement of medical expenses incurred towards dental treatment following an accident where the Insured Person(s) suffers injuries or damage to his/her natural teeth and/or gums. **Domestic Air Ambulance -** The Company shall pay for transportation in an airplane or helicopter, which is certified to use as an ambulance for Emergency Care which require immediate and rapid transportation from the site of first occurrence of the Illness / Accident to the nearest Hospital within a reasonable timeframe. This cover is available only where the medical treatment required and as advised by medical practitioner is not available in any Hospital of the city of first occurrence. **Extension to Non Payable Items -** the company agrees to pay to the Insured person(s) for all the reasonable expenses incurred by the Insured towards the cost of Non Payable items.	
6.	**<u>Exclusions (What does the policy not cover)</u>** **Standard Exclusions** **Code- Excl04-** Investigation & Evaluation **Code- Excl05-** Rest cure, rehabilitation and respite care **Code- Excl06:** Obesity/ Weight Control **Code- Excl07-** Change-of-Gender treatments	D) I. Standard Exclusions D)I. D D)I. E D)I. F D)I. G

	Code- Excl08- Cosmetic or plastic Surgery	D)I. H
	Code- Excl09- Hazardous or Adventure sports	D)I. I
	Code- Excl10- Breach of law	D)I. J
	Code- Excl11- Excluded providers	D)I. K
	Code-Excl12 - Excludes treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.	D)I. L
	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.	D)I. M
	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.	D)I. N
	Code- Excl15- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.	D)I. O
	Code- Excl16- Unproven Treatments- Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	D)I. P
	Code- Excl17- Sterility and infertility related expenses	D)I. Q
	Code- Excl18- Maternity	D)I. R
	Specific Exclusions	Section D. II.
	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.	Section D. II.S
	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:	Section D. II.T
	a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. The listed of	Section D. II.U Section D. II.V Section D. II.W

	excluded providers/delisted hospitals is available on our website www.icicilombard.com b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death. • c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death. Any expenses incurred on Domiciliary Hospitalization and OPD treatment. Treatment taken outside the geographical limits of India. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes. List I: Optional Items	Section D. II.X
7.	**Waiting period** • **Time period during which specified diseases/treatments are not covered** • **It is counted from the beginning of the policy** **Pre-Existing Diseases:** Declared & accepted Pre-existing diseases will be covered after Waiting Period of XX months. **Specific waiting period (Not applicable for claims arising due to an accident):** Specific Illness and treatments shall be covered after waiting period of XX months. (Please refer to the policy clauses for the full listing) **Initial waiting period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents).	D)I.A D)I.B D)I.C
8.	**Financial limits of coverage**	

<table>
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<td>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:

<u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit</u>
Room rent capping
<table>
<tr><td>Sum Insured</td><td>Capping</td></tr>
<tr><td></td><td></td></tr>
</table>
Surface Ambulance Cost
<table>
<tr><td>Sum Insured</td><td>Maximum limit</td></tr>
<tr><td></td><td></td></tr>
</table>
<u>Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u>

The Insured Person will bear a co-payment of Rs. [XXX] on each and every admissible claim. Co-payment shall not be applicable on ailments with sublimits/capped ailments.

<u>Deductible (It is a specified amount:</u>
- <u>Up to which an insurance company will not pay any claim, and</u>
- <u>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u>

Deductible <XXX>
<u>Any other limit (as applicable)</u>

Not Applicable</td>
<td>Part of Endorsement Wordings</td>
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<td>9.</td>
<td>Claims/Claims Procedure

Cashless 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.</td>
<td>Section F.IV.A</td>
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	Step 2 – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) Step 3 – Request will be processed as per policy terms and conditions Step 4 – While you avail treatment the claim payment is settled directly to the Provider/Hospital Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within 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.	Section F.IV.B

	Step 2 – Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the ILTakecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. Step 3 – The claim will be processed as per policy terms and conditions Step 4 – The approved amount in the claim would be reimbursed to you 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. You shall be required to furnish the following documents for or in support of a Claim: Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner Original bills from chemists supported by proper prescription. Original investigation test reports and payment receipts. Indoor case papers Medical Practitioner's referral letter advising Hospitalization in non-Accident cases. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it The relevant documents to be sent to ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code - 500016	

	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 hospitilisation Download Claim Form- https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	
10.	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.comor 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	E.i.XVII General conditions

	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 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** **Multiple Policy:** In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be treated as the primary Insurer 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. **Free Look cancellation:** Every Insured of new individual health insurance policies, except for those	E.i.IV..General conditions f E.i.V..General conditions

	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.. To cancel the policy, visit our website www.icicilombard.com (Customer Support section), call us at toll-free number 1800 2666, or email customersupport@icicilombard.com	
	Cancellation: • The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Company shall a. Refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. b. 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. • 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 the Insured person under the Policy.	E.i.VI..General conditions
	The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund	

	of premium on cancellation on the grounds of established fraud. **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. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.	E.i.VII..General conditions
	Migration and Portability: a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company c. The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines. d. This benefit is not applicable for enhanced sum insured. e. 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. In case You are desirous of migrating or outward porting Your Policy, kindly contact us at customersupport@icicilombard.com.	E.i.X and XI..General conditions
	Moratorium Period:	E.i.XIII..General conditions

	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 insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	
13.	**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 Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.	E. General conditions .

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.