

Health AdvantEdge

Customer Information Sheet/Know Your Policy

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

Sr.No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	<u>Name of Insurance Product/Policy</u> Health AdvantEdge (Royal Plus Plan)	
2.	<u>Policy Number</u> XXXXX	
3.	<u>Type of Insurance Product/Policy</u> Both Indemnity and Benefit	
4.	<u>Sum Insured</u> <u>Basis:</u> - Individual Sum Insured- Rs. XXX -where each member has a separate Sum Insured under the policy - Floater Sum Insured – Rs. XXX - where all members under the policy have a single Sum Insured limit which may be utilized by any or all members	
5.	<u>Policy Coverage (What the policy covers?)</u> <u>Expenses in respect of:</u> <u>i. Basic Covers: -</u> 1. In-patient Treatment- Room rent charges- Covers Hospitalization expenses for admission longer than 24 consecutive hours 2. Day Care Procedures/Treatment –Up to Annual Sum insured. 3. Technological Advancements and Treatments –Up to the Annual Sum Insured. 4. Pre-Hospitalization Medical expenses - 60 days 5. Post-Hospitalization Medical Expenses –180 days 6. In-Patient AYUSH Hospitalization- Up to Sum Insured 7. Bariatric Surgery Cover - Up to Sum Insured 8. Reset Benefit – Up to 100% of the Sum Insured unlimited times for any illness/disease/injury. Not applicable on the first claim in the Policy Year. 9. Domestic Road Ambulance – Covers the expenses incurred on domestic road ambulance. Up to 1% of Annual Sum Insured maximum up to Rs. 10,000 10. Domestic Air Ambulance Cover - Up to Sum Insured 11. Donor Expenses - Up to Sum Insured	c. benefits covered under the Policy c. i. Basic cover.1 c. i. Basic cover.2 c. i. Basic cover.3 c. i. Basic cover.4 c. i. Basic cover. 5 c. i. Basic cover. 6 c. i. Basic cover. 7 c. i. Basic cover. 8 c. i. Basic cover. 9

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,

New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg,

Off Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025

UIN: ICILIP27056V062627 Health AdvantEdge

Toll free no: 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail: customersupport@icicilombard.com

Website : www.icicilombard.com

12. Domiciliary Hospitalization - Up to Sum Insured. Domiciliary hospitalization shall continue for at least 3 consecutive days.	c. i. Basic cover. 10
13. Home Care Treatment -Up to 5% of Annual Sum Insured maximum Rs.1,00,000	c. i. Basic cover. 11 c. i. Basic cover. 12
14. Animal Bite Vaccination : Up to. Rs. 10,000	
15. Convalescence benefit : A lumpsum of Rs. 20,000 once in each Policy year, for Hospitalization of minimum 10 consecutive days.	c. i. Basic cover. 13
16. Wellness Program : Includes health assistance, ambulance assistance and discounts on services and products. Wellness points earned will be redeemed as a discount on the premium during renewal for the subsequent policy year.	c. i. Basic cover. 14 c. i. Basic cover. 15
17. Loyalty Bonus - A Loyalty Bonus of 20% of the Sum Insured for each completed or continuous Policy Year subject to a maximum of 100%. There will be no reduction in the event of a claim.	c. i. Basic cover. 16
18. In-Patient Hospitalization for Surrogate Mother : Subject to a maximum limit of Rs. 5 Lacs. This cover will be available only if the policy tenure is 3 years.	c. i. Basic cover. 17
19. In-Patient Hospitalization for Oocyte Donor : Subject to a maximum limit of Rs.5 Lacs.	
20. Preventive Health Check Up(Cashless) – up to 0.5% of Sum Insured or Rs 10,000, whichever is lower. This cover can be availed only on cashless basis	c. i. Basic cover. 18
21. Teleconsultation(s) – Unlimited; 24X7, to be availed via Our mobile application only.	c. i. Basic cover. 19
22. Incentives associated with vaccination against Pneumococcal disease - 2.5% premium discount if all adult members are vaccinated with the conjugate pneumococcal vaccine within one year before the policy start date.	c. i. Basic cover. 20
ii. Optional Covers (Applicable only if opted by the Insured) :-	c. i. Basic cover. 21
1. Maternity Cover-	
a) Maternity Benefit A : Up to 10% of Sum Insured or maximum up to ` 1 Lakh. available only under a Family Floater Policy	c. i. Basic cover. 22
2. New Born Baby Cover : Covers medical expenses incurred on hospitalization of New Born Baby up to the limits of twice of Maternity Sum Insured.	
3. Vaccinations for new born baby in first year : Up to 1% of Sum Insured or maximum up to Rs. 10,000, whichever is lower. This cover is available only if Maternity cover and New Born Baby cover is opted by you and we have accepted a claim under both the said optional covers	c. ii. Optional cover.1
4. Critical Illness : Provides payment of lump sum amount up to Annual Sum Insured subject to a maximum limit of Rs. 50 lakhs. for first time in life, during the Policy period.	c. ii. Optional cover.2
5. Personal Accident – Provides payment of lump sum amount up to Sum Insured subject to a maximum limit of Rs. 50 Lakhs	c. ii. Optional cover.3
6. Nursing at Home – Covers Expenses incurred by You up to Rs. 2,000 per day for the appointment of a qualified nurse up to a maximum of 10 days post Hospitalisation.	c. ii. Optional cover.4
7. Compassionate Visit – Up to Rs 20,000 per Policy Year.	c. ii. Optional cover. 5

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8. BeFit – Provides services on cashless basis up to limits as specified on the Policy schedule. .

Sr. No	Table of Benefit	A	B	C	D	E	F	G
1	Physical Consultation	1	2	4	6	8	10	12
2	Routine Diagnostics Cover and Minor Procedures Cover	500	1,000	1,000	2,000	3,000	5,000	7,500
3	Pharmacy Cover	500	1,000	1,000	2,000	3,000	5,000	7,500
4	Physiotherapy Session	0	0	6	8	10	12	12
5	e-Counselling	6	6	6	8	12	Unlimited	Unlimited
6	Diet and Nutrition e-Consultation	6	6	6	8	12	Unlimited	Unlimited

9. Claim Protector-Up to the Sum Insured. This cover is in-built in the base for Sum Insured 15 Lakhs and above.

10. Sum Insured Protector: Protects the sum insured against the rising inflation by linking the Annual Sum insured to the consumer price index (CPI).

11. Voluntary Co-Payment - Options available- 10%/20%

12. Voluntary Deductible-Options available from Rs. 25,000/50,000/75,000/1,00,000 as opted..

13. Worldwide Cover: Up to Sum Insured, subject to a waiting period of 2 years. This cover is in-built in the base for Sum Insured 25 Lakhs and above.

14. Preventive Health Check-up (Reimbursement): up to 0.5% of Sum Insured or Rs 10,000, whichever is lower. This cover is in-built in the base for SI 10 lakhs and above

15. Room rent Capping: For policies Annual Sum Insured options Rs. 5 Lakhs to Rs. 20 Lakhs – room rent charges shall be capped to a Single Private AC Room. This cover is in-built in the base for Annual Sum Insured options Rs. 5 Lakhs to Rs. 20 Lakhs.

Note: This is an indicative list. Please refer the policy wording for complete understanding of the coverages

c. ii. Optional cover.6
c. ii. Optional cover.7
c. ii. Optional cover.8

c. ii. Optional cover.9
c. ii. Optional cover.10
c. ii. Optional cover.11
c. ii. Optional cover.12
c. ii. Optional cover.13
c. ii. Optional cover.14
c. ii. Optional cover.15

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6.	<u>Exclusions (What does the policy not cover)</u> <u>i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI): -</u> 1. Pre-Existing Diseases - Code- Excl01 2. Specified Disease/Procedure Waiting Period/Specific Waiting Period- Code- Excl02 3. a. Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting i. Hypertension ii. Diabetes iii. Cardiac Conditions b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months. c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher sum insured subsequently. 4. 30-day waiting period- Code- Excl03 5. Investigation & Evaluation- Code- Excl04 6. Rest Cure, rehabilitation and respite care- Code- Excl05 7. Obesity/ Weight Control: Code- Excl06- 8. Change of Gender Treatments- Excl 07- 9. Cosmetic or plastic Surgery: Code- Excl08- 10. Hazardous or Adventure sports: Code- Excl09 11. Breach of law: Code- Excl10- 12. Excluded providers: Code- Excl 11- 13. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12 14. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 15. Dietary supplements and substances. Code- Excl14	d. i. d.i.1 d.i.2 d.i.3 d.i.4 d.i.5 d.i.6 d.i.7 d.i.8 d.i.9 d.i.10 d.i.11 d.i.12 d.i.13 d.i.14
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	16. Refractive Error: Code- Excl15-	d.i.15
	17. Unproven Treatments: Code- Excl 16	d.i.16
	18. Sterility and Infertility: Code- Excl 17-	
	19. Maternity: Code Excl18 This exclusion will stand modified to the effect to cover not be applicable in case optional cover 1 Maternity Cover- a) Maternity Benefit_A or b) Maternity benefit_B has been opted.	d.i.17
		d.i.18
		d.i.19
	ii. Specific Exclusions (Exclusions other than those specified above): -	
	20. War or any act of war, invasion, act of foreign enemy, war like operations.	
	21.Nuclear, chemical or biological attack or weapons.	
	22. Out Patient treatment, except optional cover 8. Befit 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 Accident or required intra-operatively..	d.ii.20
	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 an Insured Person while Hospitalized due to an Accident.	d.ii.21
		d.ii.22
		d.ii.23
	25. Treatment taken outside the geographical limits of India. This exclusion shall not be applicable for policies with Annual Sum Insured Rs. 25 lakhs and above.	
	26. Personal comfort, cosmetics, convenience and hygiene related items and services	d.ii.24
	27. Acupressure, acupuncture, magnetic and other therapies	
	28. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.	d.ii.25
	29. Expenses for 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	d.ii.26
	31. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)	d.ii.27
	32. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.	d.ii.28
		d.ii.29
		d.ii.30
		d.ii.31
		d.ii.32
7.	<u>Waiting period</u>	

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	<u>Time period during which specified diseases/treatments are not covered</u> <u>It is counted from the beginning of the policy coverage</u> Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury). Specific waiting period (Not applicable for claims arising due to an accident): First 24 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing) Pre-Existing Diseases: Declared & accepted Pre-existing diseases will be covered after 0 months of continuous coverage. - In case of hypertension, diabetes and cardiac conditions, the waiting period will be 90 days unless disclosed as pre-existing diseases. Bariatric Surgery Waiting Period – 24 months World Wide Cover Waiting Period – 24 months In patient Hospitalization for Surrogate Mother – 30 days Maternity waiting period: 24 months Critical illness: waiting period of 90 days and survival period of 0 days will be applicable BeFit – 30 days	d. i. 4. d. i. 2 d. i. 1 d. i. 3 c. i. 7 c. ii. 13 c. i. 20 c. ii. 1 c. ii. 4 c. ii. 8
8.	<u>Financial limits of coverage</u> <u>Sub-limit</u> (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) The policy will pay only up to the limits specified hereunder for the following diseases/procedures: <u>Basic Covers: -</u> Room Rent Capping (as per the Sum Insured eligibility)- - For annual Sum Insured options Rs. 5 Lakhs to Rs. 20 Lakhs – room rent charges shall be capped to a Single Private AC Room - For Annual Sum Insured options equal to or greater than Rs. 25 Lakhs- there will be no room rent capping Domestic Road Ambulance- 1% of Annual Sum Insured up to 10,000 on reimbursement basis and up to Actuals on cashless basis. Home Care Treatment- Up to 5% of sum insured, maximum up to Rs.1,00,000 per policy year. Animal Bite Vaccination- Up to Rs. 10,000 Convalescence benefit- A lump sum allowance of Rs. 20,000 will be provided. In-Patient Treatment for Surrogate Mothers- Up to Rs.5,00,000 Preventive Health Check Up – Up to 0.5% of annual sum insured subject to a maximum of Rs. 10,000.	c. i. Basic Cover 1. c. i. Basic Cover 9. c. i. Basic Cover 13 c. i. Basic Cover 14 c. i. Basic Cover 15 c. i. Basic Cover 18. c. i. Basic Cover 19. c. i. Basic Cover 20

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	<u>Optional Covers (As opted by the customer): -</u> 1. Maternity Cover- Up to 3 deliveries in a lifetime and up to Rs. 50,000/75,000/1,00,000 2. New Born Baby Cover- Up to twice the Sum Insured of maternity benefit cover. 3. Vaccinations for New Born Baby in the First Year- Up to 1% of sum insured, maximum up to Rs. 10,000. 4. Critical Illness- A fixed lump sum amount equal to the annual sum insured subject to a maximum limit of Rs. 50 Lakhs. 5. Personal Accident Cover- Lump sum payment up to Rs. 50 Lakhs for the insured events, capped at the annual sum insured. - Accidental Death – 100% of annual sum insured - Permanent Total Disablement (PTD)- up to 100% of annual sum insured - Permanent Partial Disablement (PPD)- up to 75% of annual sum insured <u>Co-payment</u> (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured) Voluntary Co-payment if opted shall be applicable for each and every claim. Voluntary Co-Payment opted-10%/20% <u>Deductible</u> (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) Voluntary Deductible if opted shall be applicable on an aggregate basis for all hospitalisation expenses during the policy year which fall under basic cover. Voluntary Deductible opted- Rs. 25,000/50,000/75,000/1,00,000 <u>iv. Any other limit (as applicable)</u> Not Applicable	c.ii.Optional Cover 1 c.ii.Optional Cover 2 c.ii.Optional Cover 3 c.ii.Optional Cover 4 c.ii.Optional Cover 5 c.ii.Optional Cover. 11 c.ii.Optional Cover. 12
9.	<u>Claims/Claims Procedure-</u> Cashless (Pre-Authorization) Procedure: Step 1 – Get your treatment at our network hospital and during admission submit copy of health card and photo ID proof at Hospital Insurance desk Step 2 – The hospital sends approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports,	f. (Other terms and conditions) f.I.1. (Other terms and conditions)

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	past consultation papers (as applicable), copy of health card and photo ID proof, etc.) Step 3 – Request would be processed from insurance as per policy terms and conditions Step 4 – You may avail treatment and 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 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. 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.	
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	7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it Reimbursement Procedure: Step 1 – Get treatment at a non-network hospital by paying all the treatment costs. Collect all the documents of treatment and expenses incurred Step 2 – Send the claim documents along with the claim form to insurance. You can emboss the original documents and submit an e-claim on the ILTakecare app. If an eclaim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. Step 3 – The claim would be processed as per policy terms and conditions Step 4 – The approved amount in the claim would be reimbursed to you 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. 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	
10.	<u>Policy Servicing</u> - You may contact us on our Toll Free no: 1800 2666, or email us at 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.	<u>Grievances/Complaints</u>	f.16. General terms and conditions

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	- In case of any grievance the insured person may contact the Company through: - Website: www.icicilombard.com Toll free number: 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 officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com - If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255. - Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman.	
16.	<u>Things to remember</u> Free Look cancellation: Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges.	e.i.6. General terms and conditions

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	If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com. Policy renewal: Except on grounds of established fraud, or misrepresentation or non-disclosure, renewal of your policy shall not be denied, provided the policy is not withdrawn and also subject to moratorium conditions. Migration: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. 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. Change in Sum Insured: The sum insured can be modified (increase/decrease) only at renewal or anytime, subject to company underwriting. Waiting period restarts for increased sum insured. Zone Based Pricing – Premium depends on the insured person's residential city and pin code. Notify us of any changes immediately to avoid impacting claim admissibility. (Refer to policy wordings and prospectus for zone definition.) Moratorium Period: After completion of five continuous years 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 five continuous years 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 five continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits.	e.i.8. General terms and conditions e.i.10. & e.i.11. General terms and condition e.ii.18. General terms and conditions e.ii.27. General terms and conditions e.i.13. General terms and conditions
17.	<u>Your Obligations</u> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	f. General terms and conditions

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,

New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg,

Off Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025

UIN: ICIHLIP27056V062627 Health AdvantEdge

Toll free no: 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail: customersupport@icicilombard.com

Website : www.icicilombard.com

	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.	.
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Declaration by the Policy Holder:

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

Place:

Date: _____

Signature of the Policy Holder

NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.

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