

# Your trusted health partner

## At home or abroad



Presenting



## POLICY BENEFITS



### Worldwide Cover<sup>^#</sup>

Hospitalization expenses incurred abroad shall be paid up to sum insured. This benefit is available for Sum Insured of **25 Lakhs and above.**



### Teleconsultations<sup>^</sup>

Tele consultations and recommendations for common health issues by a qualified Medical Practitioner or health care professional.



### Pre and Post Hospitalization Expenses

Medical Expenses incurred due to illness up to 60 days period immediately before and 180 days immediately after an Insured Person's admission to a Hospital.



### Day Care Treatment

Medical expenses for day care treatment undertaken as in-patient in a Hospital for continuous period of less than 24 hours.



### Domestic Air Ambulance<sup>^</sup>

Expenses incurred on air ambulance services which are offered by a healthcare or an air ambulance service provider up to sum insured.



### Surface Ambulance Service

Expenses incurred on surface ambulance services will be covered. Coverage limit under this shall be 1% of the SI up to a maximum of ₹10,000.



### Homecare Treatment<sup>^</sup>

Covers treatment cost in case customer opts to get treated at home instead of getting hospitalized provided doctor has recommended the treatment.



### Claim Protector<sup>^</sup>

IRDAI list of non-payable items shall become payable in case of a claim.



### SI Protector<sup>^</sup>

The SI will be increased at renewal on the basis of inflation rate of previous year.



### Pneumococcal Vaccine Discount

1.5% All adult members covered in the policy should have been vaccinated in the past 1 year from policy start date to avail this discount.



### Other Value-added Services



The insured will have a choice to avail various wellness benefits / services through the network of specialists / service providers.



Video / Tele Consultation



Tele Medicine



Pharmacy and diagnostic services



Online chat with doctor










Doctor on call



Health Assistance Service

Avail wellness benefits through our network of specialists and service providers.

## ELIGIBILITY CRITERIA

	<b>Entry age - Minimum</b>	Individual - 18 yrs. Children - 91 days to 25 yrs. Children between 91 days and 5 yrs. can be covered provided either parent is getting insured under this policy
	<b>Entry age - Maximum</b>	Adult - 65 yrs. Dependent Child - 25 yrs. and does not have his/her independent source of income.
	<b>Exit age</b>	Adult - Life-long Dependent Child - 25 yrs.
	<b>Age of proposer</b>	18 yrs. or above
	<b>Policy term</b>	1, 2, 3 yrs.
	<b>How can you cover yourself</b>	Individual basis / Floater up to 2A+3C
	<b>Family</b>	Grandfather, Grandmother, Father-in-law, Mother-in-law, Father, Mother, Spouse, Son, Daughter, Son-in-law, Daughter-in-law, Grandson, Granddaughter, Brother, Sister, Sister-in-law, Brother-in-law

## PLAN BENEFITS

Benefits	
<b>Sum Insured (SI)<sup>#</sup> On annual basis (in ₹)</b>	5, 7.5, 10, 15, 20, 25, 30, 40, 50, 75, 100, 150, 200, 300 (in Lakhs)
<b>In-patient care expenses</b>	Up to SI
<b>Bariatric surgery</b>	50% of SI/ Max up to 10 Lakhs (Applicable only for SI >= 10 Lakhs, waiting period 3yrs)
<b>AYUSH treatment</b>	Up to SI

<sup>#</sup>For lower sum insured, kindly visit our nearest branch.

Waiting Periods	
<b>30 days of initial waiting period</b>	Initial waiting period (Waived off in case of accidental emergencies)
<b>Specific ailment waiting period</b>	2 yrs.
<b>Reduction in pre-existing diseases waiting period</b>	2 yrs.

# APEX PLUS PLAN

Overall Sum Insured (SI) Rupees

5/7.5/10/15/20/25/30/40/50/  
75/100/150/200/300 Lakhs

## Base Cover Benefits

In-patient treatment	Upto SI
Hospital Accommodation	Any category room; Upto SI
Ayush Treatment	Upto SI
Pre and post hospitalization expenses	Pre - 60 days Post - 180 days
Day care Procedures	All day care procedures
Organ Donor Expenses	Upto SI

## Other Benefits

Surface Ambulance	Up to 1% of SI per hospitalization subject to a maximum of ₹10,000 per hospitalization
Animal Bite (Vaccination)	Up to ₹10,000
Restore Benefit	100% of the base SI shall be made available even in case of partial utilization of SI for hospitalization due to any illness for same person
Guaranteed cumulative Bonus	20% of SI maximum upto 100%
Health Check-up	Annual; Starting from the 1st year/ up to 0.5% of SI or up to max of ₹10,000 on cashless basis
Domiciliary Hospitalization	Upto SI
Bariatric Surgery	50% of SI/ Max up to 10 Lakhs
Convalescence Benefit (On continuous hospitalization for 10 days or more; payable over and above the base SI)	Lumpsum: ₹20,000

## Optional Benefits (Inbuilt in the plan)

Domestic Air Ambulance	Upto SI (over and above base Sum Insured)
WorldWide cover	Available for SI 25 Lakhs & above only
Ambulance Assistance	Available
Tele consultations	Unlimited
Home care treatment	5% of SI max up to ₹25,000

# APEX PLUS PLAN

## Optional Benefits (Can be Opted with additional premium)

Maternity Benefits (for up to 3 deliveries)	10% of base SI subject to maximum of 10 lakhs
New Born Baby Cover	Twice the maternity cover limit per newly born child over and above the maternity limit
Vaccinations for new born baby in the first year	1% of base SI per newly born child, max upto ₹10,000
Critical Illness	Lumpsum equal to base SI subject to a maximum of 50 lakhs
Personal Accident (Death + PTD+PPD)	Lumpsum equal to base SI for AD/ For PTD and PPD - payout according to PPD and PTD grid subject to a maximum of 50 lakhs
Sum Insured Protector	Available
Claim Protector	Available

## Wellness and Value Added Services

Wellness and Value Added Services	Available
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## Co-payment

Copay	0% Co payment. Option to choose from 10% and 20%
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## Waiting and Survival Period

PED Waiting Period	2 years
Specific Condition Waiting Period	2 years
Bariatric Treatment	3 years
Initial Waiting Period	30 days
Initial Waiting Period for CI	60 / 90 days
Survival Period for CI	0 days





## Zone Based Pricing

**Zone 1:** NCR (Delhi and the following districts: Faridabad, Gurugram, Nuh, Rohtak, Sonapat, Rewari, Jhajjar, Gurugram, Panipat, Palwal, Bhiwani, Charkhi Dadri, Mahendragarh, Jind, Karnal, Meerut, Ghaziabad, Noida/ Gautam Budh Nagar, Bulandshahr, Baghpat, Hapur, Shamli, Muzaffarnagar, Alwar, Bharatpur, Whole of NCT Delhi), Mumbai, Thane District, Navi Mumbai, Gujarat, Kolkata.

**Zone 2:** Hyderabad, Secunderabad, Chhattisgarh, Madhya Pradesh, Daman & Diu, Dadar & Nagar Haveli, Goa, Maharashtra (excluding Mumbai, Thane District, Navi Mumbai).

**Zone 3:** Rest of India.



## Policy Period

The policy will be issued for a period of 1 year, 2 years and 3 years as per the customer's requirement.



## Maximum Age

There is no maximum cover ceasing age in this policy.



## Free-look Period

The Free-Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting / migrating the policy.

The insured person shall be allowed Free-Look period of fifteen days from the date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.



## Grace Period

A Grace Period of 30 days for annual premium and 15 days for other than annual mode for renewing the policy is provided under this policy. However, there is no coverage provided during the break-in period.



## Terms of Renewal

We offer life-long renewal unless the insured person or any one acting on behalf of an insured person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the policy poses a moral hazard.



## Premium



Renewal Premium - The premium for renewal will be applicable as per the premium chart based on age, Sum Insured and Geography and the company will not load the premium for any adverse claims experience of particular insured. The Company may change the renewal premium and/or benefits payable subject to approval from regulator (IRDAI) and inform the same to the insured at least 3 months prior to the date of revision and/or modification or renewal. In the likelihood of this policy being withdrawn in future, the Company will inform the same to the insured at least 3 months prior to expiry of the policy. The insured will have the option to migrate to other plan under similar health insurance policy at the time of renewal, provided the policy is maintained without a break.



The premium under individual coverage will be charged on the completed age of the individual insured member.



The premium under family floater coverage will be charged on the completed age of the eldest insured member.



Premium rates can be revised subject to approval from the IRDAI.

### Discount Type

### Discount

Multi-year Policy Discount	2 yrs. - 7.5%, 3 yrs. - 10%
Soft Copy Discount	A discount of ₹100 is applicable if you opt to avail policy documents in soft copy only.

## FREE-LOOK PERIOD

Policyholder has a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this policy. If the policyholder has any objections to any of the terms and conditions, he / she have the option of cancelling the policy stating the reasons for cancellation and in such a case, the company will refund premium subject to:

- A deduction of the expenses incurred on any medical check-up, stamp duty charges, if the risk has not commenced.
- A deduction of the expenses incurred on any medical check-up, stamp duty charges and proportionate risk premium for period on cover, if the risk has commenced.
- A deduction of pro-rata risk premium in proportion to the risk covered during such period, where only a part of risk has commenced.

The policy can be cancelled only if insured person(s) has not made any claims under the policy. Free-Look provision is not applicable and /or available at the time of renewal of the policy.



# CANCELLATION / TERMINATION CLAUSE

The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the company shall refund premium for the unexpired policy period as detailed below:

## 1 year policy



Months Expired	Premium Retained
0-3	25%
3-6	50.0%
6-9	75.0%
9-12	100.0%

## 2 years policy



Months Expired	Premium Retained
0-3	15%
3-6	25.0%
6-9	50.0%
9-12	65.0%
12-15	75.0%
15-18	85.0%
18-24	100.0%

## 3 years policy



Months Expired	Premium Retained
0-3	15%
3-6	25.0%
6-9	35.0%
9-12	50.0%
12-15	60.0%
15-18	70.0%
18-24	80.0%
24-27	85.0%
27-30	90.0%
31-36	100.0%

### Exclusions for first 2 years

Hospitalization expenses incurred on treatment of certain diseases or illness or procedures / surgeries within the first two years (continuously renewed without any break) from the inception of initial/first this policy.

In the event that the listed illness / diseases arise on account of a pre-existing condition, they shall be covered under this policy only upon completion of pre-existing tenure as per the plan opted of continuous coverage.

### Permanent exclusions

Routine medical, eye and ear examinations, cost of spectacles, dental treatment, circumcision, sex change or treatment, birth control procedures, hormone replacement therapy, caesarean section<sup>##</sup>, fertility or conception operation.

### Pre-existing Diseases

The benefits will not be available for any condition(s) as defined in the policy, until only 24 months (depends on plan opted) of continuous coverage have elapsed, since inception of the first policy with the company.

Please refer to the policy wordings for complete list of detailed Benefits, Coverages and Exclusions available at our branches or contact our Toll-free number: 1800-2666.

<sup>##</sup>Caesarean section is paid if maternity cover is taken.



## CLAIM PROCEDURE

### Cashless Basis

- Get admitted in any one of our network hospitals
- Reach out to insurance desk in hospital and submit the pre-authorization claim form along with relevant documents
- Hospital insurance desk shares the pre-authorization documents with IL Health Care
- ICICI Lombard Health Care reviews your claim requested and accordingly will approve, query, or reject the same (as per policy terms and conditions)

### Reimbursement Basis


#### If hospitalisation occurs in a non-network hospital:

- Upon discharge, pay all hospital bills and collect all original documents of treatments and expenses underdone
- Send the duly filled (and signed by insured and treating doctor) claim form and required claim documents
- ICICI Lombard Health Care will review your requested claim and will accordingly approve, query, or reject the same (as per policy terms and conditions)
- ICICI Lombard Health Care Settles the claim (as per policy terms and conditions) and reimburses the approved amount

Below are the places from where you can download the claim form.

 IL TakeCare App

 ICICI Lombard Website

 ICICI Lombard customer support helpline - 18002666



Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner.



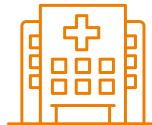
Original bills from chemists supported by proper prescription.



Original investigation test reports and payment receipts.



Indoor case papers.



Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.



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.

### DISCLAIMER

Prohibition of Rebates – Section 41 of the Insurance Act, 1938. 1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. 2) If any person shall fail to comply with sub regulation (1) above, he shall be liable to payment of fine which may extend to rupees ten lakhs. ^Add on cover is available on payment of additional premium. #Hospitalization expenses incurred abroad shall be paid with a co-pay of 10%. The advertisement contains only an indication of cover offered. For more details on risk factors, terms, conditions and exclusions, please read the sales brochure / policy wordings carefully before concluding a sale. ICICI trade logo displayed above belongs to ICICI Bank and is used by ICICI Lombard GIC Ltd. Under license and Lombard logo belongs to ICICI Lombard GIC Ltd. ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400025. Toll Free No. 1800 2666. Fax No. 02261961323. IRDA Reg. No. 115. Health AdvantEdge UIN: ICIHLP23075V032223. CIN L67200MH2000PLC129408. Website: www.icicilombard.com. Email:customersupport@icicilombard.com. ADV/15477