

UIN: ICIHLIP25038V042425

PROSPECTUS

Eligibility

- This Policy can be offered to an individual with minimum age of 6 years under an individual policy. However, children aged 3 months to 5 years can be insured under a floater plan only.
- Persons 21 years and above are considered as Adult. Dependent children under floater policy will be covered maximum up to 20 years of age.
- Proposer should be 18 years or above
- No restriction on maximum entry age
- Lifetime renewability
- Policy offers option of covering on individual sum insured basis and on family floater basis.
- Family includes self, spouse, dependent children, brother(s), sister(s), dependent parent(s), Grandparents, Grandchildren, Mother-in-law, Father-in-law, Son-in-law, Daughter-in-law dependent Brother-in-law and dependent sister-in-law. However maximum no. of members in a policy can be 2 adults and 3 children.
- **Premium calculation:** In a family floater policy, the age of the eldest member will be considered while computing premium for all 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, 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.

Policy Period

The policy will be issued for 1 year or 2 years or 3 years period.

Sum Insured

For Top Up Plan:

Minimum: ₹2Lacs

Maximum: ₹50Lacs

For Super Top Up Plan:

Minimum: ₹2Lacs

Maximum: ₹50Lacs

UIN: ICIHLIP25038V042425**Deductible Options**

For Top Up Plan:

Minimum: ₹50,000

Maximum: 5Lacs

For Super Top Up Plan:

Minimum: 1Lac

Maximum: 5Lacs

Benefits

At any point of time, our liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Annual Sum Insured (including Additional Sum Insured) stated in the schedule.

A. Basic Covers - The Policy provides indemnification of the medical Expenses incurred by You which is in excess of the deductible amount. The cover is available on hospitalization in India only. Below mentioned base covers are indemnity based covers and would be payable for actuals (post deductible and/or co-payment as applicable) or up to Annual Sum Insured whichever is lower.

1. In patient treatment: Medical expenses for hospitalization as an inpatient for a minimum period of 24 consecutive hours.
2. Day Care Treatments: Medical expenses incurred by You while undergoing Specified Day Care Treatment, which require less than 24 hours hospitalization.
3. In patient AYUSH treatment: Expenses for Ayurveda, Yoga, and Naturopathy, Unani, Sidha and Homeopathy (AYUSH) treatment only when the treatment has been undergone in a AYUSH Hospital or AYUSH Day-care centre.
4. Domiciliary Hospitalisation Cover: Medical expenses incurred by You during Your Domiciliary Hospitalisation
5. Donor Expenses: Hospitalization expenses as incurred by the organ donor for undergoing organ transplant surgery for Your use.
6. Pre & Post Hospitalization - Medical Expenses incurred by You, immediately up to 60 days before and up to 90 days after Your Hospitalization. Cover under this extension will be provided only if:
 - o The in-patient or day care hospitalization claim is admissible and payable as per terms and conditions of policy.
 - o Such medical expenses are incurred for the same condition for which insured person is hospitalized.

Pre and post hospitalization expenses for organ donor will not be covered.

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7. Domestic Road Emergency Ambulance Cover–The reasonable and actual expenses up to 1% of Your Sum Insured, maximum up to ₹5,000, incurred by You on availing an ambulance services offered by a Hospital/ambulance service provider in an emergency condition.
8. Reset Benefit– For plans with deductible ₹3 lacs and above, We will reset up to 100% of the Sum insured once in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year, provided that:
 - The reset amount can only be used for all future claims within the same policy year, not related to the illness/disease/injury for which a claim has been paid in that policy year for the same person
 - The claim will be admissible under the reset only if the Claim is admissible under “section A Basic cover”
 - Reset will not trigger for the first claim
 - For individual policies, reset sum insured will be available on individual basis whereas for floater policies, it will be available on floater basis
 - Any unutilized reset sum insured will not be carried forward to subsequent policy year
9. Loyalty Bonus- You will be entitled for an Additional Sum Insured as under the Policy on its renewal Policy.

Tenure	Additional Sum Insured as a percentage of sum insured
For each completed and continuous Policy Year subject to a maximum of 50%	10%

10. Complimentary Health Check Up - We will provide Complimentary health check-up coupons to the insured for every Policy Year, on issuance or upon renewal of the Policy, subject to a maximum of 2 coupons per year for floater policies.

11. Wellness Program- Wellness program intends to promote, incentivize and reward You for Your healthy behavior through various wellness services. All the wellness activities as mentioned below make You earn wellness points which will be tracked by Us. You can inform us of the various wellness activities undertaken by You via email or calling our toll free number.

The wellness services and activities are categorized as below:

- a) Manage and track Your health
 - o Online Health Risk Assessment (HRA)
 - o Medical Risk Assessment
 - o Preventive Risk Assessment
- b) Disease Management Services
- c) Medical Concierge Services
- d) Affinity to wellness

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Each wellness point will be equivalent to ₹ 0.25. Wellness points not redeemed in the given policy year can be carry forwarded maximum up to 3 years from the date of awarding of these points, provided the policy is renewed continuously for subsequent 3 years. You can redeem these wellness points against outpatient medical expenses like consultation charges, medicine & drugs, diagnostic expenses, dental expenses, wellness & preventive care and other miscellaneous charges not covered under any medical insurance, through our Network providers or service providers, the list of which will be updated on our website www.icicilombard.com from time to time. In case cashless facility is not available for wellness points' redemption at these network centres, you can avail reimbursement by submitting relevant documents with Us.

Optional covers:

Benefit under all the optional covers will be given even if Hospitalization claim is below deductible. However other terms and conditions like waiting periods and other exclusions will be applicable.

Benefits under all these optional covers are applicable on per member basis. These covers are optional and are available only on payment of additional premium.

Optional covers are offered with two variants- Gold and Silver. You may choose any combination of the variants amongst optional covers.

Optional Cover 1: Silver and Gold options are available as per below table

Optional cover 1	Silver	Gold
	Sum Insured (₹)	
Hospital Daily Cash (maximum 30 days) min 3 days	30,000 (1,000 per day)	90,000 (3,000 per day)
Convalescence Benefit	10,000	20,000

Details of Optional cover 1:

- Hospital Daily Cash – We will pay You a fixed amount of ₹ 1,000/ 3,000 (as per Silver or Gold option) for each and every completed day of hospitalization, if such hospitalization is at least for a minimum of 3 consecutive days and subject to a maximum of 30 consecutive days per policy year.
- Convalescence Benefit – In the event that You are hospitalized for a minimum period of 10 consecutive days, due to any Injury or Illness as covered under the Policy, We will pay You a benefit amount equal to the sum insured specified against this optional benefits.

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Optional cover 2: Silver and Gold options are available as per below table. This Optional cover can be opted by adults only (age maximum up to 60 years) in this policy.

Optional cover 2	Silver	Gold
	Sum Insured (₹)	
Personal Accident cover	10,00,000	15,00,000
Temporary Total Disablement (TTD) Rehabilitation cover (max 10 weeks)	50,000 (5,000 per week)	100,000 (10,000 per week)
Repatriation of Remains	Up to 50,000	Up to 1,00,000

Details of Optional cover 2:

- Personal Accident Cover –We will pay You/nominee a benefit amount equal to the sum insured specified against this optional benefit, upon the unfortunate event of accidental death or permanent total disablement resulting from an accident.
In the event that a claim for Personal Accident becomes payable under the terms of the Policy, the Company shall make such payment in a lump sum amount by way of electronic fund transfer (EFT) mode.
- Temporary Total Disablement (TTD) Rehabilitation Cover –We will pay You a benefit amount as stated in policy schedule on a weekly basis up to a maximum of 10weeks for rehabilitation upon the unfortunate event of temporary total disablement resulting from an Accident.
Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible. Only the rehabilitation services provided by a certified practitioner will be considered.
- Repatriation of Remains –We will reimburse to the nominee/legal heir of the insured, up to the sum insured as specified against this optional cover, the costs of transporting the remains of the insured back to the place of residence or, up to an equivalent amount, for burial or cremation in the city where death has occurred.

Optional cover 3: Silver and Gold options are available as per below table. This Optional cover can be opted by adults only (age up to 60 years only) in this policy.

Optional cover 3	Silver	Gold
	Sum Insured (₹)	
Critical Illness cover	5,00,000	10,00,000

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Details of Optional cover 3:

- Critical Illness Cover – We will pay You a lump-sum amount upto the extent of cover opted on Your first diagnosis of such critical Illnesses, subject to Your intimation of the same within 30 days of such diagnosis.

No claim will be payable under this cover if You are first diagnosed as suffering from any of these critical Illnesses within 90 days of the start date of the first Policy with us.

- o This cover can be availed only once during Your lifetime.
- o Once a claim becomes payable under any of the Critical Illness covered, the cover would terminate and this cover will not be offered on any subsequent renewal of policy.

The specified critical Illnesses/ medical procedures are:

1. Cancer of Specified Severity
2. Coronary Artery Bypass Graft Open Chest CABG
3. First Heart Attack – of Specified Severity
4. Open Heart Replacement or Repair of Heart valves
5. Kidney Failure Requiring Regular Dialysis
6. Major Organ/ Bone marrow Transplant
7. Stroke Resulting in Permanent Symptoms
8. Permanent Paralysis of Limbs
9. Multiple Sclerosis with persisting symptoms
10. Parkinson's Disease
11. Motor Neuron Disease with permanent symptoms
12. Benign Brain Tumour (resulting in permanent neurological symptoms)
13. Blindness
14. End Stage Lung Failure
15. Alzheimer's Disease
16. Primary (Idiopathic) Pulmonary Hypertension
17. Surgery to Aorta
18. Aplastic Anaemia
19. Bacterial Meningitis
20. Fulminant Viral Hepatitis
21. End Stage Liver Disease

How Deductible Works

- Top Up Plan:
Deductible will apply for each and every hospitalisation except for claims made for Any one illness. (Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.)

In case of an accident where more than one member of a family is hospitalized, deductible will apply on the aggregate claim amount.

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Claim amount under optional covers will not be considered for deductible.

- Super Top Up Plan:

Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year.

The deductible will apply on individual basis in case of individual policy and on floater basis in case of floater policy.

Claim amount under optional covers will not be considered for deductible.

Salient Features of the Policy

- Cashless Hospitalization: You can avail of Cashless Hospitalization at any of Our network providers/ hospitals. The updated list is available on Our website.
- Free Look Period: "Every insured of new individual 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 Company on medical examination of the proposer and stamp duty charges."
- Pre-Policy Medical Check up may be required based on age, Sum Insured opted and Pre-Existing Disease. We shall reimburse the expenses incurred by You on pre medical health check up once the proposal is accepted.
- Condition based specific exclusion clause: Subject to Our underwriting guidelines, for specific conditions and illnesses, We may provide policy but with terms that any expenses related to this condition /illness, including its complications will be considered permanent exclusion for You under this policy.

We will give You an intimation by post/phone call/e mail regarding this term & condition. We will issue you a policy only if you accept this condition based exclusion. You have to revert Us in 7 days for the same. If You do not, it would be considered as non acceptance and policy will not be issued.

What We will not pay

1. Deductible

We shall not be liable for the Deductible amount as specifically defined in Part I of Policy Schedule

We are not liable for any payment unless the hospitalization medical expenses exceed the Deductible.

No deductible shall be applicable for optional covers.

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2. Co-Payment

We are not liable to pay twenty percent (20%) of admissible claim amount above the deductible applicable under the policy, for insureds above 60 years of age.

This does not apply if insured is 60 years of age or below.

However, this condition will not be applicable if you were aged 45 years or below at the time of buying this policy first time and have renewed it continuously after that.

No co pay will be applicable for optional covers, if any.

3. 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 within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. 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 the portability norms of the relevant regulatory prescriptions/guidelines/circular, then waiting period for the same would be reduced to the extent of prior coverage. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

5.

- 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

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- 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.
6. Code- Excl02: Specified disease/procedure waiting period/Specific Waiting Period
 - a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded 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.
 - b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

S.No	Organ /Organ System	Illness	Treatment
A	ENT	• Sinusitis • Deviated Nasal Septum	• Treatment for conditions related to Tonsils, adenoids, sinuses • Mastoidectomy
B	Gynaecological	• Fibroids (fibromyoma) • Endometriosis • Prolapsed uterus • Polycystic ovarian disorder (PCOD)	• Dilatation and curettage (D&C) • Myomectomy • Hysterectomy
C	Orthopaedic	• Arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis • Spinal or Vertebral Disorders	• Surgery for inter vertebral disc • Joint replacement surgeries
D	Gastrointestinal	• Calculus diseases of gall bladder including Cholecystitis • Esophageal Varices • Pancreatitis	• Cholecystectomy • Procedures for Biliary stones

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		• Fissure/fistula in anus, hemorrhoids, pilonidal sinus, piles • Ulcer and erosion • Gastro Esophageal Reflux Disorder (GERD) • Perineal Abscesses • Perianal Abscesses	
E	Uro-genital	• Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone etc. • Benign enlargement of Prostate • Chronic Kidney Disease	• Surgery on prostate • Surgery for Hydrocele/ Rectocele • Dialysis • Kidney transplant
F	Eye	• Cataract	• PHACO emulcification • Any other cataract surgery
G	Other General conditions(Applicable to all organ systems/ organs/ disciplines whether or not described above)	• Internal tumors, cysts, nodules, polyps, skin tumors, Lumps	• Surgery of varicose veins and varicose ulcers • Varicocele • Surgery for any Hernia

This waiting period will be reduced by number of continuous preceding years of coverage of the insured person under previous health insurance policy in case of portability.

7. Permanent Exclusion

Unless covered by way of an appropriate Extension/optional covert, We will not pay for:

- (i) Any physical, medical condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions. In case of condition based specific exclusion clause, that particular condition and its related complications will be a permanent exclusion for that insured.
- (ii) Cost of routine medical, eye and ear examinations, preventive health check-up, cost of spectacles, contact lenses or hearing aids, dentures and artificial teeth.
- (iii) **Code- Excl15:** Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
- (iv) **Code- Excl13:** Treatments received in health 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.
- (v) **Code- Excl11:** Excluded Providers

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Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders/proposers are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. The list of excluded providers/delisted hospitals is available on our website www.icicilombard.com

- (vi) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind(like wheelchairs, crutches), instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.), oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
- (vii) Expenses incurred on all dental treatment unless necessitated due to Accident.
- (viii) Personal comfort, cosmetics convenience and hygiene related items and services.
- (ix) Circumcision unless necessary for treatment of a disease or necessitated due to an Accident.
- (x) Vaccination and inoculation of any kind unless it is post animal bite.
- (xi) **Code- Excl17:** Sterility and Infertility: Expenses related to, sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization
- (xii) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)
- (xiii) **Code- Excl12:** Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- (xiv) **Code- Excl08:** Cosmetic or plastic Surgery
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 the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- (xv) **Code- Excl07:** Change of Gender treatments
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- (xvi) Treatment relating to external birth defects and external congenital illnesses or defects or anomalies.
- (xvii) **Code- Excl04:** Investigation & Evaluation

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- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- (xviii) **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 hospitalisation claim or day care procedure.
- (xix) **Code- Excl06: Obesity/ Weight Control**
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);
 - 5) greater than or equal to 40 or
 - 6) 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:
 - o Obesity-related cardiomyopathy
 - o Coronary heart disease
 - o Severe Sleep Apnea
 - o Uncontrolled Type2 Diabetes
- (xx) **Code- Excl05: Rest Cure, rehabilitation and respite care**
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - II. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- (xxi) Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose
- (xxii) **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.
- (xxiii) **Code- Excl10:** Breach of law
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent
- (xxiv) Treatment received outside the country.

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- (xxv) Treatment by a family member and self-medication or any treatment that is not scientifically recognized. Treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical Council
- (xxvi) Any travel or transportation expenses excluding ambulance charges, unless specifically covered.
- (xxvii) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemies, hostilities (whether declared or not), civil war, commotion, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- (xxviii) Any Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/ materials or contributed to by or arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- (xxix) **Code- Excl18:** Maternity: Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
- (xxx) **Code- Excl09:** Hazardous or Adventure sports
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.
- (xxxi) Any Injury or Illness sustained or contracted due to flying other than as a passenger on a scheduled regular carrier.
- (xxxii) Any losses directly or indirectly due to contamination caused by any act of terrorism, regardless of any contributory causes
- (xxxiii) Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
- (xxxiv) If policy is issued to You as per condition based exclusion clause, that particular condition and its related complications will be permanent exclusion for that insured.

Cancellation of Policy:

- i. The policyholder may cancel this policy by giving 7 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.
 - a) Refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.

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- 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

Note: Above mentioned refund clause shall not be applicable for policies with free look period; Premium refund for cancellations during the free look period will be provided as per the Free look clause.

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.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

Moratorium:

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.

Discount/ Loading Factors:

1. Tenure discount

Tenure of policy	Discount percentage
2 years	10%
3 years	12.5%

2. Family Discount:

If two or more members of family are insured under a family plan (each member having separate sum insured and deductible) then following discount will be applicable:

Number of members	Discount percentage
Two	7.5%
Three	10.0%
Four or more	12.5%

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3. Soft Copy Discount: A discount of ₹100 is applicable if you opt to avail policy documents in soft copy only.
4. 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

A. Cashless Basis

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

B. 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. You or someone claiming on Your behalf, should then send us the following documents in original collected from the hospital within 30 days after Your discharge. The claim will be processed within 15 days of receipt of claim along with following documents:

1. Claim form duly filled and signed by You and the doctor
2. Original bills, receipts and discharge certificate/card from the Hospital
3. Original investigation test reports
4. All medicines / laboratory / Hospitals bills with doctor's prescription
5. All payments receipts
6. Any other documents required by Us to investigate the Claim or Our obligation to make payment for it.

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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

In case of multiple policies, the customer has to provide attested photocopy of the claim documents duly stamped by the hospital along with the claim settlement letter from the other insurer who has paid the claim. In case certain documents which were not considered by the previous insurer have to be provided in original to the company for claim processing.

Claim assessment in case of Co-Payment

If the insured in respect of whom, claim is made, is above 60 yrs of age, 20% co pay will be applicable. Claim shall be assessed in following order:

- e) Deductible will be applied as per cover on admissible claim amount
- f) Co payment will be applied on admissible claim amount over and above deductible
- g) Balance amount will be the claim payable (up to balance policy Annual Sum Insured)

However, this condition will not be applicable if you were aged 45 years or below at the time of buying this policy first time and have renewed it continuously after that.

No Co payment is applicable for optional covers, if any.

Terms of Renewal

1. A health insurance policy shall ordinarily be renewable except on grounds of established fraud, or misrepresentation or non-disclosure by the insured
2. Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change
3. Lifetime renewability.
4. **Grace Period** - At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
The insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
5. Withdrawal of Policy
 - i. In the likelihood of this product being withdrawn in future, the Company will intimate You about the same 90 days prior to expiry of the policy.
 - ii. You will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Loyalty bonus, waiver of waiting period. as per Regulatory prescriptions, provided the policy has been maintained without a break.

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6. If a claim becomes payable under Critical Illness optional cover, it will not be offered on subsequent renewal.
7. In case of any change in risk material to the queries raised in proposal form, medical examination report to be provided on renewal.

Sum Insured Enhancement – You can enhance Your sum insured under the Policy, for the same deductible, only upon renewal, subject to underwriting guidelines. If the Policy is renewed for an enhanced Annual Sum Insured, then fresh waiting period will be applicable to this enhanced limit from the effective date of such enhancement

Migration:

In case of migration of this policy with the Company, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

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.

Redressal of Grievances:

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

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

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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 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 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 IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on <https://www.cioins.co.in/Ombudsman>

Tax Benefit- Income Tax benefits on the premium paid can be availed as per the provisions of Income Tax Act, 1961 section 80D and amendments made thereto.

Note: Policy terms & conditions and Premium rates are subject to change with prior approval from IRDAI.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

Any of the deductible and sum insured combination as approved by IRDAI can be offered to the customer. Deductible application will be displayed as per plan offered.

Annexure: Rate charts for Individual and Floater policies are attached.

List of Non payable items

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Benefit Illustration – Super top up

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	
	42	2,611	500,000	2,611	12.5%	2,285	500,000	8,591	30%	6,014	500,000
	36	2,611	500,000	2,611		2,285	500,000				
	20	1,684	500,000	1,684		1,474	500,000				
8	1,684	500,000	1,684	1,474		500,000					
Total Premium for all members of the family is Rs. 8,591 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 7,517 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 6,014 (excluding GST).				
Sum insured available for each individual is Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy			Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy is available for the entire family				Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy is available for the entire family				

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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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
32	2,199	1,000,000	2,199	12.5%	1,924	1,000,000	8,528	30%	5,970	1,000,000
30	2,199	1,000,000	2,199		1,924	1,000,000				
12	2,065	1,000,000	2,065		1,807	1,000,000				
8	2,065	1,000,000	2,065		1,807	1,000,000				
Total Premium for all members of the family is Rs. 8,528 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 7,426 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 5,970 (excluding GST).			
Sum insured available for each individual is Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy			Sum insured available for each family member is Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy				Sum insured of Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy is available for the entire family			

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Benefit Illustration – Super Top Up

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
42	2,611	500,000	2,611	7.5%	2,416	500,000	5,223	25%	3,917	500,000
36	2,611	500,000	2,611		2,416	500,000				
Total Premium for all members of the family is Rs. 5,223 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 4,832 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 3,917 (excluding GST).			
Sum insured available for each individual is Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy			Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy				Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy is available for the entire family			

UIN: ICIHLP25038V042425

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
32	2,443	1,000,000	2,443	7.5%	2,260	1,000,000	4,886	25%	3,665	1,000,000
30	2,443	1,000,000	2,443		2,260	1,000,000				
Total Premium for all members of the family is Rs.4,886 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 4,520 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 3,665 (excluding GST).			
Sum insured available for each individual is Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy			Sum insured available for each family member is Rs 10,00,000 with a deductible of Rs. 3,00,000 under super top up policy				Sum insured of Rs 10,00,000 with a deductible of Rs. 3,00,000 under super top up policy is available for the entire family			

UIN: ICIHLP25038V042425

Benefit Illustration – Top Up

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	
	42	1,959	500,000	1,959	12.5%	1,714	500,000	6,894	30%	4,826	500,000
	36	1,959	500,000	1,959		1,714	500,000				
	20	1,488	500,000	1,488		1,302	500,000				
8	1,488	500,000	1,488	1,302		500,000					
Total Premium for all members of the family is Rs. 6,894 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 6,032 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 4,826 (excluding GST).				
Sum insured available for each individual is Rs 5,00,000 with a deductible of Rs. 3,00,000 under top up policy			Sum insured available for each family member is Rs 5,00,000 with a deductible of Rs. 3,00,000 under top up policy				Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under top up policy is available for the entire family				

UIN: ICihLIP25038V042425

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
32	2,199	1,000,000	2,199	12.5%	1,924	1,000,000	8,528	30%	5,970	1,000,000
30	2,199	1,000,000	2,199		1,924	1,000,000				
12	2,065	1,000,000	2,065		1,807	1,000,000				
5	2,065	1,000,000	2,065		1,807	1,000,000				
Total Premium for all members of the family is Rs. 8,528 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 7,462 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 5,970(excluding GST).			
Sum insured available for each individual is Rs 5,00,000 with a deductible of Rs. 3,00,000 under top up policy			Sum insured available for each family member is Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy				Sum insured of Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy is available for the entire family			

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Benefit Illustration –Top up

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
42	2,611	500,000	2,611	12.5%	2,285	500,000	8,591	30%	6,014	500,000
36	2,611	500,000	2,611		2,285	500,000				
20	1,684	500,000	1,684		1,474	500,000				
8	1,684	500,000	1,684		1,474	500,000				
Total Premium for all members of the family is Rs. 8,591 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 7,517 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 6,014 (excluding GST).			
Sum insured available for each individual is Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy			Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy is available for the entire family				Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy is available for the entire family			

UIN: ICIDLIP25038V042425

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
42	1,959	500,000	1,959	7.5%	1,812	500,000	3,917	25%	2,938	500,000
36	1,959	500,000	1,959		1,812	500,000				
Total Premium for all members of the family is Rs. 3,917 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 3,623 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 2,938 (excluding GST).			
Sum insured available for each individual is Rs 5,00,000 with a deductible of Rs. 3,00,000 under super top up policy			Sum insured available for each family member is Rs 5,00,000 with a deductible of Rs. 3,00,000 under top up policy				Sum insured of Rs 5,00,000 with a deductible of Rs. 3,00,000 under top up policy is available for the entire family			

UIN: ICIHLIP25038V042425

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
32	2,199	1,000,000	2,199	7.5%	2,034	1,000,000	4,397	25%	3,298	1,000,000
30	2,199	1,000,000	2,199		2,034	1,000,000				
Total Premium for all members of the family is Rs.4,397 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 4,068 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 3,298 (excluding GST).			
Sum insured available for each individual is Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy			Sum insured available for each family member is Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy				Sum insured of Rs 10,00,000 with a deductible of Rs. 3,00,000 under top up policy is available for the entire family			