Annexure VI

PROSPECTUS FOR HEALTHCARE PLUS POLICY

What is covered?

The Policy provides indemnification in respect of the Medical Charges incurred as an in-patient during Hospitalization, , for a minimum period of 24 consecutive hours, which are in excess of the Deductible amount stated in the Policy. Any pre and post Hospitalization charges shall not be considered as part of the Deductible amount.

What is not covered?

Pre Existing Illnesses until 36 months of continuous coverage, diseases contracted during first 30 days, any expenses incurred on treatment of hypertension, diabetes and cardiac conditions within 90 days from first policy commencement date, any expense incurred prior / post Hospitalization, expenses attributable to suicide, attempted suicide or self-inflicted injury, expenses arising out of or attributable to alcohol or drug abuse, cost of spectacles/contact lenses, dental treatment, treatment arising from or traceable to pregnancy and childbirth, miscarriage, abortion and its consequences, tests and treatment relating to infertility and in-vitro fertilization, certain specified diseases during first two years of the Policy.

The Company is liable for the amount in excess of the Deductible amount upto a maximum of the Sum Insured under the Policy.

For a detailed set of exclusions, please refer to the policy document.

Salient Features

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

Premium

The premium chargeable depends upon the Sum Insured, Deductible Amount, Period of Insurance and the health status of the individual.

Free Look Period:

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

Eligibility: The product shall be offered to the persons falling within the age group of 5 years to 65 years and would be lifetime renewal.

Tenure of the Policy: The Policy can be issue for a minimum period of 1 year upto a maximum of 3 years.

Disclosure to information norm -

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

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.

Cancellation/ termination:

The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Company shall

a. refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on the grounds of established fraud.

Not 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.

Multiple Policies:
ln case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. ln all such cases the insurer chosen by the insured person shall be treated as the primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

Terms of renewal

- The Policy can be renewed under then the prevailing HealthCare Plus product or its nearest substitute (in case the product HealthCare Plus is withdrawn by the Company) offered by the Company.
- A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy..

- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change. No fresh underwriting by calling for medical examination, fresh proposal form etc. at renewal stage where there is no change in sum insured offered shall be applicable. Provided that where there is an improvement in the risk profile, the insurer may endeavour to recognize that for removal of loadings at the point of renewal.

- **Maximum Renewal Age** –There will be life-long renewal without any age restriction for the cover.

- **Grace Period:** “Grace period” means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.

  The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

  Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days 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.

- **Withdrawal of Policy**
  i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
  ii. Insured Person 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 the relevant regulatory prescriptions, provided the policy has been maintained without a break.

How do I claim my insurance?

Cashless Basis
In case of emergency or planned Hospitalisation, use Your health ID card at our Network Provider and avail of cashless service OR You can seek pre authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. Cashless approval is subject to Pre-authorisation by Us

Pre-authorization means prior to taking any treatment or incurring Medical Expenses at a Network provider, You must contact Us accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the doctor/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorisation at least 48 hours before a planned Hospitalisation and in case of an emergency situation, within 24 hours of Hospitalisation. 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.

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 within 30 days after Your discharge from the Hospital:

a. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from Our website www.icicilombard.com
b. Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
c. Original bills from chemists supported by proper prescription.
d. Original investigation test reports and payment receipts.
e. Indoor case papers
f. Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.
g. 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

The claim will be processed within 15 days of receipt of claim along with claim form and documents.

The relevant documents can be sent to

1st, 4th (Half), 5th and 6th floors,
Varun Towers- II, Opp. Hyderabad Public school,
Begumpet, Hyderabad,
District Hyderabad,
Telangana Pin code -500016.

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

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

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://www.irdai.gov.in/ADMINCMS/cms/NormalData_Layout.aspx?page=PageNo225&mid=14.2

Benefit Illustration Table

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	4,000	500,000	4,000	15.0%	3,400	500,000	16,000	0%	16,000	500,000
36	4,000	500,000	4,000		3,400	500,000				
20	4,000	500,000	4,000		3,400	500,000				
8	4,000	500,000	4,000		3,400	500,000				
Total Premium for all members of the family is Rs. 16,000 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 13,600 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 16,000 (excluding GST).			
Sum insured available for each individual is Rs 5,00,000 with a deductible of Rs. 2,00,000			Sum insured available for each family member is Rs 5,00,000 with a deductible of Rs. 2,00,000				Sum insured of Rs 5,00,000 with a deductible of Rs. 2,00,000 is available for the entire family			

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	2,000	1,000,000	2,000	15.0%	1,700	1,000,000	8,000	0%	8,000	1,000,000
30	2,000	1,000,000	2,000		1,700	1,000,000				
12	2,000	1,000,000	2,000		1,700	1,000,000				
8	2,000	1,000,000	2,000		1,700	1,000,000				

Total Premium for all members of the family is Rs. 8,000 (excluding GST), when each member is covered separately.	Total Premium for all members of the family is Rs. 6,800 (excluding GST), when they are covered under a single policy.	Total Premium when policy is opted on floater basis is Rs. 8,000 (excluding GST).
Sum insured available for each individual is Rs 10,00,000 with a deductible of Rs. 4,00,000	Sum insured available for each family member is Rs 10,00,000 with a deductible of Rs. 4,00,000	Sum insured of Rs 10,00,000 with a deductible of Rs. 4,00,000 is available for the entire family