

Health Shield 360 Retail – Classic

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 Shield 360 Retail – Classic	
2.	<u>Policy Number</u> XXXXXXXXXXXXXXXXXX	
3.	<u>Type of Insurance Product/Policy</u> Indemnity	
4.	Sum Insured <u>Basis:</u> - Individual Sum Insured- ₹ <<Sum Insured Amount>> -where each member has a separate Sum Insured under the policy - Floater Sum Insured – ₹ <<Sum Insured Amount>>- where all members under the policy have a single Sum Insured limit which may be utilized by any or all members	
5.	Policy Coverage (What the policy covers?) Expenses in respect of: <u>Basic Covers: -</u> In-patient Treatment - Covers Hospitalization for admission longer than 24 consecutive hours with no room rent capping Day Care Procedures/Treatment – All Day Care procedures covered. Technological advancements and Treatments – Covers medical expenses for listed modern treatments up to the Annual Sum Insured. Pre Hospitalization Medical expenses - up to 60 days period immediately before admission to a hospital (on reimbursement basis only) Post Hospitalization Medical Expenses – up to 90 days immediately after admission to a hospital. In Patient AYUSH Hospitalization – Covered up to the Annual Sum Insured Reset Benefit - Unlimited times for different illness and once for same illness. Domestic Road Ambulance Cover – For Cashless claims: at actuals; For Reimbursement: maximum up to 1% of Annual Sum Insured max up to ₹10,000 within Annual Sum Insured Air Ambulance Cover - Covers Expenses incurred on air ambulance services which are offered by a healthcare or an air ambulance service provider up to Annual Sum Insured. Donor Expenses - for an organ donor's Hospitalization for any organ donated to the Insured Person Domiciliary Hospitalization - Covers the Medical Expenses incurred in respect of the Domiciliary Hospitalization up to Annual Sum Insured	d. Benefits covered under the Policy d. A. Basic cover- 1. d. A. Basic cover- 2 d. A. Basic cover- 3 d. A. Basic cover- 4 d. A. Basic cover. 5 d. A. Basic cover. 6 d. A. Basic cover. 7 d. A. Basic cover. 8 d. A. Basic cover. 9 d. A. Basic cover. 10 d. A. Basic

	Home Care Treatment - Up to 5% of Annual Sum Insured subject to a maximum of ₹25,000 Wellness Program: - Wellness program intends to promote, incentivize and reward the insured person for their healthy behavior. Redemption of wellness points will be through utilization of services on our mobile application. - Health Assistance [HAT]- Available - Ambulance Assistance – Available - Discounts on services and products- Available Loyalty Bonus - 20% of Annual Sum Insured for each completed and continuous Policy Year subject to a maximum of 100%. No reduction in the event of a claim. Tele Consultation(s) – Unlimited: 24x7, 365 days of the year Incentives associated with vaccination against Pneumococcal disease - Discount of 2.5% on premium for all adult members in the policy that have taken the conjugate pneumococcal vaccine in the one year immediately prior to policy start date. Lifetime discount upon renewal. Optional Covers: - Applicable if opted by the insured BeFit - Provides following benefits on cashless basis via our mobile application up to limits as mentioned under 'Sr. No.8' of CIS. - Outpatient Consultation - Routine Diagnostics Cover and Minor Procedures Cover - Pharmacy Cover - Physiotherapy Session - e-Counselling - Diet and Nutrition e-Consultation Maternity Cover and New Born Baby Cover - Normal and LSCS (including pre/post-natal expenses) for maximum 2 deliveries/ terminations where Insured Person and spouse, both are covered, after a waiting period of 3 years. Limits are mentioned below in Sr. No. 8. For new born baby: up to 90 days from date of birth, if a Maternity claim has been accepted. Sum Insured Protector - The Sum Insured will increase each renewal on the basis of previous year's inflation rate. The % increase will be applicable only on Annual Sum Insured. Claim Protector - Expenses incurred on items that are not payable as per specific list of non-payable items shall be covered up to the Annual Sum Insured	cover. 11 d. A. Basic cover. 12 d. A. Basic cover. 13 d. A. Basic cover. 14 d. A. Basic cover. 15 d. A. Basic cover. 16 d.B.Optional Cover.3 d.B.Optional Cover.7 d.B.Optional Cover.9 d.B.Optional Cover.10
6.	<u>Exclusions (What does the policy not cover)</u> Standard Exclusion Code- Excl04: Investigation & Evaluation Code- Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care Code- Excl06: Obesity/ Weight Control Expenses Code- Excl07: Change of Gender treatments Code- Excl08: Cosmetic / plastic surgery Code- Excl09: Hazardous or Adventure sports Code- Excl10: Breach of law Code- Excl11: Excluded Providers Code- Excl12: Treatment for alcoholism, drug or substance abuse or any	e. i. 5.i e. i. 5.ii e. i. 5.iii e. i. 5.iv e. i. 5.v e. i. 5.vi e. i. 5.vii e. i. 5.viii

	addictive condition and consequences thereof. x. 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. xi. 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. xii. Code- Excl15: Refractive Error: Treatment for correction of eye sight due to refractive error less than 7.5 dioptries xiii. Code- Excl16: Unproven Treatments xiv. Code- Excl17: Sterility and Infertility xv. Code- Excl18: Maternity: Specific Exclusion a. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions b. Prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. c. 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. Personal comfort, cosmetics, convenience and hygiene related items and services e. Acupressure, acupuncture, magnetic and other therapies f. Circumcision unless necessary for treatment of an Illness or necessitated due to an accident. g. Venereal disease or any sexually transmitted disease except HIV. h. Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies. i. Treatment taken outside the country, unless Worldwide Cover has been opted for. j. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) k. Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority. l. Any Illness or Injury caused by or contributed to by nuclear weapons/materials or contributed by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear	e. i. 5.ix e. i. 5.x e. i. 5.xi e. i. 5.xii e. i. 5.xii e. i. 5.xiv e. i. 5.xv e. ii. a e. ii. b e. ii. c e. ii. d e. ii. e e. ii. f e. ii. g e. ii. h e. ii. i e. ii. j e. ii. k e. ii. l
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	waste or from the combustion of nuclear fuel.																	
7.	<u>Waiting period</u> <u>Time period during which specified diseases/treatments are not covered. It is counted from the beginning of the policy coverage</u> 1. Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury). 2. 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) 3. Pre-Existing Diseases: Declared & accepted Pre-existing diseases are covered after 24 months of continuous coverage. 4. In case of hypertension, diabetes and cardiac conditions, the waiting period is 90 days unless disclosed as pre-existing diseases. 5. Maternity waiting period (if opted): 36 months 6. BeFit: 30 days	e. i. 4. e. i. 2 e. i. 1 e. i. 3 d.B.Optional Cover.7 d.B.Optional Cover.3																
8.	<u>Financial limits of coverage</u> <u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</u> The policy will pay only up to the limits specified hereunder for the following diseases/procedures: <u>Basic Covers: -</u> Domestic Road Ambulance Cover – - For Cashless claims: same will be at Actuals; - For Reimbursement: maximum up to 1% of Annual Sum Insured max up to ₹10,000 within Annual Sum Insured. Home Care Treatment - up to 5% of Annual Sum Insured subject to a maximum of ₹25,000 <u>Optional Covers: - Applicable if opted by the insured</u> BeFit – Up to limits as mentioned Below <table><tr><td>Sum Insured</td><td>All Sum Insured</td></tr><tr><td>Benefits/Plan</td><td>A</td></tr><tr><td>Outpatient Consultation</td><td>1</td></tr><tr><td>Routine Diagnostics Cover and Minor Procedures Cover</td><td>₹ 500</td></tr><tr><td>Pharmacy Cover</td><td>₹ 500</td></tr><tr><td>Physiotherapy Session</td><td>0</td></tr><tr><td>e-Counselling</td><td>6</td></tr><tr><td>Diet and Nutrition e-Consultation</td><td>6</td></tr></table> Please refer the Policy Schedule for applicable limits Maternity Cover and New Born Baby Cover - Covers Medical expenses as	Sum Insured	All Sum Insured	Benefits/Plan	A	Outpatient Consultation	1	Routine Diagnostics Cover and Minor Procedures Cover	₹ 500	Pharmacy Cover	₹ 500	Physiotherapy Session	0	e-Counselling	6	Diet and Nutrition e-Consultation	6	d. A. Basic cover. 8 d. A. Basic cover. 12 d.B.Optional Cover.3 d.B.Optional Cover.7
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	mentioned in table below. <table><tr><th>Sum Insured</th><th>Amount</th></tr><tr><td>5L & 7L</td><td>Up to ₹ 25,000</td></tr><tr><td>10L to 50L</td><td>Up to ₹ 40,000</td></tr></table> New Born Baby will be covered up to a maximum of ₹10000. This cover is not applicable for Sum Insured 3 Lacs. <u>Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u> Not Applicable <u>Deductible</u> Not Applicable	Sum Insured	Amount	5L & 7L	Up to ₹ 25,000	10L to 50L	Up to ₹ 40,000	
Sum Insured	Amount							
5L & 7L	Up to ₹ 25,000							
10L to 50L	Up to ₹ 40,000							
9.	<u>Claims/Claims Procedure</u> Cashless (Pre-Authorization) Procedure: Step 1 – Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. Step 2 – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) Step 3 – Request will be processed as per policy terms and conditions Step 4 – While you avail treatment the claim payment is settled directly to the Provider/Hospital Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will respond 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. 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 Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of discharge from the Hospital, failing which we will have the right to treat the claim as inadmissible. The claim will be processed within 15 days of receipt of claim along with claim form. Find our extensive list of hospitals providing cashless services on our website	g. Other Terms and Conditions g.1. A g.1. B						

	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. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it The relevant documents to be sent to: ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016 Download Claim Form- 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 to 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.	f. General terms and conditions

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	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. 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. Cancellation: - The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Company shall - Refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. - 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. Policy renewal: We shall ordinarily renew the Policy except on grounds of misrepresentation or established fraud or non-disclosure by the Insured, provided the policy is not withdrawn and also subject to moratorium conditions. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy. Migration and Portability: - The insured has the choice to port his / her policies from one Insurer to another. - 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 - The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines . - This benefit is not applicable for enhanced sum insured. - The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company. - The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months - g.	f. i.6 f. i.9 f. i.7 & 8
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	In case You are keen on 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. Moratorium Period: 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.	f. ii.10 f. i.11
13	<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. • If there is misrepresentation, non-disclosure of material facts, fraud, or non-cooperation in the proposal form, personal statement, medical history, or claim documents, the policy becomes void. In such cases, any benefits obtained through fraudulent means result in the forfeiture of all paid premiums.	f. General terms and conditions

Declaration by the Policy Holder:

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

Place:

Date: _____

Signature of the Policy Holder

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