

Health Shield 360 Retail – Elite

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	<u>Description</u> (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 – Elite	
2.	<u>Policy Number</u> <<Policy No.>>	
3.	<u>Type of Insurance Product/Policy</u> Indemnity	
4.	<u>Sum Insured</u> <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.	<u>Policy Coverage (What the policy covers?)</u> <u>Expenses in respect of:</u> <u>Basic Covers: -</u> In-patient Treatment - Covers Hospitalization expenses 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 180 days immediately after admission to a Hospital.	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

	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: on 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 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 have been vaccinated with the conjugate pneumococcal vaccine in the one year immediately prior to policy start date. Lifetime discount upon renewal. <u>Optional Covers (In-built in the plan): -</u> Convalescence Benefit - A lump sum allowance up to the limits mentioned in table under 'Sr. no.8' below will be provided once in each Policy year, for Hospitalization for a duration of minimum 10 consecutive days.	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 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.2
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	Worldwide Cover (Outside India)– 1. Hospitalization expenses incurred anywhere in the world outside India will be covered up to Annual Sum Insured subject to a co-pay of 10%. 2. Road Emergency Ambulance – Up to ₹35,000/- 3. Air Ambulance – Up to Annual Sum Insured This cover is available for Sum Insured 50Lacs and above. <u>Optional Covers: Applicable if opted by the insured -</u> BeFit - Provides following benefits on cashless basis via our mobile application up to limits as mentioned under ‘Sr. No.8’ of CIS. a. Outpatient Consultation b. Routine Diagnostics Cover and Minor Procedures Cover c. Pharmacy Cover d. Physiotherapy Session e. e-Counselling f. Diet and Nutrition e-Consultation Hospital Daily Cash - A daily cash allowance up to the limits mentioned in table under ‘Sr. no.8’ below will be provided for each completed day of Hospitalization for 3 consecutive days up to a maximum of 10 days in a policy year. Nursing at Home (Post Hospitalisation) – Expenses incurred up to the limits mentioned in table under ‘Sr. no.8’ below will be provided for the medical services of a Qualified Nurse at the Insured Person’s residence for each day subject to a maximum of 15 days post Hospitalization Compassionate Visit - We will cover expenses incurred for one Immediate Family member of the Insured Person to travel from their place of origin/residence to the place of Hospitalization up to the limits mentioned in table under ‘Sr. no.8’ below, provided that the Insured Person is hospitalized for a minimum of 5 consecutive completed days. Maternity Cover and New Born Baby Cover – Covers medical expenses up to the limits mentioned in table under ‘Sr. no.8’ below for normal and LSCS (including pre/post-natal expenses) incurred for maximum 2 deliveries/ terminations where Insured Person and spouse, both are covered, after a waiting period of 3 years.	d.B.Optional Cover.11 d.B.Optional Cover.3 d.B.Optional Cover.4 d.B.Optional Cover.5 d.B.Optional Cover.6 d.B.Optional Cover.7
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	For new born baby: up to 90 days from date of birth, if a Maternity claim has been accepted. Super Loyalty Bonus - Provides 50% increase in the Annual Sum Insured for every completed year subject to maximum of 100% of the Annual Sum Insured. Sum Insured Protector - The Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. 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 Dependent Accommodation: – If You are Hospitalized for a minimum period of 3 consecutive days, due to any Injury or Illness as covered under the Policy, we will pay up to the limits mentioned in table under 'Sr. no.8' below maximum up to 10 days for the accommodation of the dependent in the hospital. This benefit is payable only for one immediate family member.	d.B.Optional Cover.8 d.B.Optional Cover.9 d.B.Optional Cover.10 d.B.Optional Cover 12
6.	<u>Exclusions (What does the policy not cover)</u> Standard Exclusion i. Code- Excl04: Investigation & Evaluation ii. Code-Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care iii. Code- Excl06: Obesity/ Weight Control iv. Code- Excl07: Change of Gender treatments v. Code- Excl08: Cosmetic / plastic surgery vi. Code- Excl09: Hazardous or Adventure sports vii. Code- Excl10: Breach of law viii. Code- Excl11: Excluded Providers ix. Code- Excl12: Treatment for alcoholism, drug or substance abuse or any 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	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 e. i. 5.ix e. i. 5.x

	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	e. i. 5.xi e. i. 5.xii e. i. 5.xiii e. i. 5.xiv e. i. 5.xv e. ii. a e. ii. b e. ii. c e. ii. d e. ii. e
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	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 to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.	e. ii. f e. ii. g e. ii. h e. ii. i e. ii. j e. ii. k e. ii. l
7.	<u>Waiting period</u> - Time period during which specified diseases/treatments are not covered. - It is counted from the beginning of the policy coverage 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 36 months of continuous coverage.	e. i. 4. e. i. 2 e. i. 1

	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. 3 d.B.Optional Cover.7 d.B.Optional Cover.3						
8.	<u>Financial limits of coverage</u> <u>i. 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 (In-built in the plan): -</u> Convalescence Benefit - A lump sum allowance will be provided as mentioned in below table. <table><tr><th>Sum Insured</th><th>Amount</th></tr><tr><td>5L & 10L</td><td>₹10,000</td></tr><tr><td>25L to 300L</td><td>₹20,000</td></tr></table> Worldwide Cover (Outside India)– - Hospitalization - up to Annual Sum Insured subject to a co-pay of 10%. - Road Emergency Ambulance – Up to ₹ 35,000/- - Air Ambulance – Up to Annual Sum Insured This cover is available for Sum Insured 50Lacs and above. <u>Optional Covers: Applicable if opted by the insured -</u> BeFit – Up to limits as mentioned Below	Sum Insured	Amount	5L & 10L	₹10,000	25L to 300L	₹20,000	d. A. Basic cover. 8 d. A. Basic cover. 12 d.B.Optional Cover.2 d.B.Optional Cover.11 d.B.Optional Cover.3
Sum Insured	Amount							
5L & 10L	₹10,000							
25L to 300L	₹20,000							

Sum Insured	5L/10L	25L/ 50L	75L/ 100L/200L/300L
Benefits/Plan	C	D	E
Outpatient Consultation	6	8	12
Routine Diagnostics Cover and Minor Procedures Cover	₹ 1,000	₹ 2,000	₹ 3,000
Pharmacy Cover	₹ 1,000	₹ 2,000	₹ 3,000
Physiotherapy Session	6	8	10
e-Counselling	6	8	12
Diet and Nutrition e-Consultation	6	8	12

Please refer the Policy Schedule for applicable limits

Hospital Daily Cash - A daily cash allowance as mentioned below will be provided for 3 consecutive days up to a maximum of 10 days.

Sum Insured	Amount
5L	₹1,000
10L	₹2,000
25L to 300L	₹3,000

Nursing at Home (Post Hospitalisation) Will be provided to a maximum of 15 days post Hospitalization as per the Sl. Limits are mentioned in the table below.

Sum Insured	Amount
5L to 25L	₹1,000
50L to 300L	₹2,000

Compassionate Visit – up to ₹20,000

Maternity Cover and New Born Baby Cover - Covers Medical expenses as mentioned in table below.

Sum Insured	Amount
5L	Up to ₹25,000

d.B.Optional
Cover.4

d.B.Optional
Cover.5

d.B.Optional
Cover.6

d.B.Optional
Cover.7

	<table><tr><td>10L</td><td>Up to ₹50,000</td></tr><tr><td>25L</td><td>Up to ₹75,000</td></tr><tr><td>50L to 300L</td><td>Up to ₹1,00,000</td></tr></table> New Born Baby will be covered up to a maximum of ₹10,000 for Sum Insured 5L & 10L and up to a maximum of ₹1,00,000 for Sum Insured 25L & above. Dependent Accommodation: – Per day will be provided maximum up to 10 days. <table><tr><td>Sum Insured</td><td>Amount</td></tr><tr><td>5L to 25L</td><td>₹3,000</td></tr><tr><td>50L to 300L</td><td>₹5,000</td></tr></table> <u>Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u> Co-payment of 10% shall be applicable for every claim if treatment is taken outside India. <u>Deductible</u> Not Applicable	10L	Up to ₹50,000	25L	Up to ₹75,000	50L to 300L	Up to ₹1,00,000	Sum Insured	Amount	5L to 25L	₹3,000	50L to 300L	₹5,000	d.B.Optional Cover.12
10L	Up to ₹50,000													
25L	Up to ₹75,000													
50L to 300L	Up to ₹1,00,000													
Sum Insured	Amount													
5L to 25L	₹3,000													
50L to 300L	₹5,000													
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	g. Other Terms and Conditions g.1. Claims Procedure												

	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 IL Takecare app. If an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. Step 3 – The claim will be processed within 15 days of receipt of claim along with claim form and documents 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 To claim or check your claim status, use the IL TakeCare App or contact us on WhatsApp at +91 7738282666. For cashless hospitalization in a non-network hospital, contact health assistance at least 48 hours before admission. Use "Anywhere Cashless" through IL TakeCare App's > Services We Offer > Health Assistance. Available from 8am to 8pm, Mon to Sat (except public holidays). You can also reach them via email at healthassistance@icicilombard.com or through this web link: https://ilhc.icicilombard.com/Home/healthassistance. For customer support during claims, call our toll-free number 18002666 or email us at customersupport@icicilombard.com. Find our extensive list of hospitals providing cashless services on our website	
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	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 To send hard copies of claim documents, mail them to: ICICI Lombard GIC LTD, 1st, 4th, 5th & 6th Floor Varun Towers-II, Opp. Hyderabad Public School, Begumpet Hyderabad-500016 Telangana.	
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	Download Claim Form- https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	
10.	Policy Servicing - 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
11.	Grievances/Complaints - In case of any grievance the insured person may contact the Company through: - Website: www.icicilombard.com Toll free number: 1800 2666 Email: customersupport@icicilombard.com ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai-400025 - 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	f. General terms and conditions .16

	officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com - If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre (IGCC) at their toll free no. 1800 4254 732 / 155255. - Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com.	
12	Things to remember Free Look cancellation: Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges. Refer to Policy Wordings and Prospectus for details. If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com. Policy renewal: Except on grounds of established fraud, or misrepresentation or non-disclosure, renewal of your policy shall not be denied, provided the policy is not withdrawn and also subject to moratorium conditions. 1. A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or	f. i.15 f. i.10

	misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy. 2. 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. 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	f. i.8 & 9 f. ii.10 f. i.12
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	insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	
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.