

Customer Information Sheet

Health advantEDGE

Description is illustrative and not exhaustive

S No	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health advantEDGE	
2	What am I covered for:	<u>Basic cover :-</u> - In-patient Treatment- Covers Hospitalization expenses for a duration of more than 24 consecutive hours for an insured event Room Rent Eligibility Room rent - 1% of sum insured for SI options 2L/ 3L and 4L and ICU- 2% of sum insured for SI options 2L/ 3L and 4L Pre-hospitalization- Covers Medical expenses incurred up to specified number of days immediately before hospitalization Post-hospitalization- Covers Medical expenses incurred up to specified number of days immediately after discharge from hospital Organ Donor- Covers Medical Expenses incurred for an organ donor's Hospitalization for an organ donated to the Insured Person. Cost of the organ acquired is not covered. Day Care Treatment- Covers Medical expenses incurred for Day Care Treatment or surgical procedure which required admission in a Hospital or Day care centre for a continuous period of less than 24 hours. All day care procedures are covered. Ayush Treatment- Covers Medical Expenses incurred for AYUSH treatment in an AYUSH Hospital or AYUSH day care center for up to Sum Insured. <u>OTHER BENEFITS :-</u> Restore Benefit- The Sum Insured will be restored up to 100% once a policy year in case the Sum insured including guaranteed cumulative bonus is insufficient as a result of previous claims. Animal Bite (Vaccination)- OPD vaccinations taken as treatment post an animal bite is covered up to Rs. 10,000 in a policy year. Guaranteed Cumulative Bonus- A guaranteed cumulative bonus equal to 20% of sum insured will be added to the sum insured in case of no claim in the previous policy year. The GCB, once accrued, will not be reduced in case of a claim. Surface Ambulance Charges- Covers expenses incurred by insured for transportation by road ambulance for up to 1% of sum insured, subject to a maximum of Rs.10,000 per hospitalization. Health Check-up- Health Check-up coupons are available as per the package available to any insured who has attained 18 years of age during first policy. On cashless basis only Convalescence Benefit- A lumpsum of Rs.20,000 is paid in case an insured is hospitalized for atleast 10 continuous days and the in-patient claim is adjudged to be paid by Us.	d. Benefits covered under the policy Section 2 – Salient features and benefits Section 3

	• Bariatric Surgery Cover- Covers expenses for bariatric surgery subject to conditions mentioned in the policy T&C for up to 50% of sum insured, maximum up to INR 10lakhs. 3 years waiting period is applicable. • Domiciliary Hospitalization- Covers Medical expenses incurred for Domiciliary Hospitalization for up to sum insured. Minimum 3 days hospitalization is required. • Zonal Pricing and Co-pay- The premium for the product purchased depends on the zone you have selected while buying the policy and respective co-pay will be applicable in case of zone change during a claim. Please find more details in the Policy T&C. • Wellness and Value Added Services- Available. • Incentives associated with pneumococcal vaccination We will provide discount on premium (fresh or renewal) for Insured Person who have taken the conjugate Pneumococcal vaccine which helps prevent pneumococcal disease. All the adult members covered under the policy should have been vaccinated in the last one year (1 year) from policy start date to avail this discount. <u>OPTIONAL BENEFIT :-</u> • Domestic Air Ambulance- Covers expenses for air ambulance services taken within India for up to sum insured. • Maternity Cover- Covers expenses incurred in case of delivery of up to 3 deliveries in a lifetime for up to 10% of sum insured, maximum up to Rs.10 Lakhs. This benefit has a waiting period of 9 months from policy inception date. • New Born Baby Cover- Covers for expenses incurred for treatment of new born baby within first 90 days of birth for up to twice the maternity benefit cover. • Vaccinations for new born baby in the first year- Expenses for vaccinations for new born baby are covered up to 1% of sum insured, maximum up to Rs.10,000. • OPD for Medical and Dental- Covers OPD expenses incurred on dental and other medical needs up to the amount mentioned in the Policy Schedule. • Hospital Cash Benefit- A daily amount basis completed continuous no. of days of hospitalization is paid. Maximum payable for 45 days in a year. • Personal Accident Cover- Provides payment of a fixed lump sum amount on occurrence of the below mentioned insured events a. Accidental Death b. Permanent Total Disablement c. Permanent Partial Disablement • Critical Illness- A fixed amount will be paid under this benefit, if the Insured Person is diagnosed to be suffering from one or more of the Critical Illnesses listed in the Policy for the first time in his/her life, during the Policy Period.. 1. Cancer of Specified Severity 2. Myocardial Infarction (First Heart Attack of Specified Severity) 3. Coronary Artery Disease 4. Open Chest CABG 5. Open Heart Replacement or Repair of Heart Valves 6. Surgery to Aorta	Section 4 Section 4
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3	What are the major exclusions in the policy:	A. Pre-Existing Diseases - Code- Excl01 a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48/36/24 months of continuous coverage after the date of inception of the first policy with insurer as selected by the 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 / migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage. d) Coverage under the policy after the expiry of 48/36/24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. B. Specified disease/procedure waiting period- Code- Excl02 a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24/12 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.	Section 7

		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. f) List of specific diseases/procedures 1. Any types of gastric or duodenal ulcers 2. Benign prostatic hypertrophy 3. All types of sinuses 4. Hemorrhoids 5. Dysfunctional uterine bleeding 6. Endometriosis 7. Stones in the urinary and biliary systems 8. Surgery on ears/tonsils/adenoids/ paranasal sinuses 9. Cataracts, 10. Hernia of all types and Hydrocele 11. Fistulae in anus 12. Fissure in anus 13. Fibromyoma 14. Hysterectomy 15. Surgery for any skin ailment 16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy 17. Dialysis required for Chronic Renal Failure. 18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date. 19. Dilatation and curettage 20. Varicose Veins and Varicose Ulcers 21. Non Infective Arthritis and other form arthritis 22) Gout and Rheumatism 23) Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident C. 30-day waiting period- Code- Excl03 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. D. Investigation & Evaluation- Code- Excl04 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. E. Rest Cure, rehabilitation and respite care- Code- Excl05	
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		radioactivity capable of causing any illness, incapacitating disablement or death. b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death. U. Any expenses incurred on OPD treatment This exclusion will stand modified to the effect to cover Section 4.5: OPD for Medical and Dental V. Treatment taken outside the geographical limits of India. This exclusion will stand modified to the effect to cover Section 4.9: Worldwide cover W. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions. *Under this Combi product, it will be ensured that there is no overlap in benefits offered under health insurance cover and term insurance cover to the customers	
4	Waiting Period	1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) 2. 24 / 12 months for the following diseases or illness or procedures/surgeries - Any types of gastric or duodenal ulcers - Benign prostatic hypertrophy - All types of sinuses - Hemorrhoids - Dysfunctional uterine bleeding - Endometriosis - Stones in the urinary and biliary systems - Surgery on ears/tonsils/adenoids/ paranasal sinuses - Cataracts, - Hernia of all types and Hydrocele - Fistulae in anus - Fissure in anus - Fibromyoma - Hysterectomy - Surgery for any skin ailment - Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy - Dialysis required for Chronic Renal Failure. - Joint Replacement Surgeries Unless necessitated by accident happening after the Policy risk inception date. - Dilatation and curettage - Varicose Veins and Varicose Ulcers	Section 5

		21. Non Infective Arthritis and other form arthritis 22) Gout and Rheumatism 23) Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident 3. Pre-existing diseases: Covered after 48 / 36 / 24 Months as opted by Insured. 4. Maternity expenses: where maternity cover is opted, waiting period until 9 months since inception of the first Policy with the Company. 5. Critical Illness – 60 / 90 days waiting period and 30 days survival period. 6. Bariatric Surgery - 3 years waiting period 7. Waiting period chosen for Pre-Existing Diseases will also apply to the following ailments Mental Illness specifically for the following ICD codes: Schizophrenia (ICD - F20; F21; F25) Bipolar Affective Disorders (ICD - F31; F34) Depression (ICD - F32; F33) Obsessive Compulsive Disorders (ICD - F42; F60.5) Psychosis (ICD - F 22; F23; F28; F29) -	
5	Payout Basis	Inpatient Hospitalisation, Maternity benefit on indemnity payment basis. Convalescence Benefit , Critical Illness, Hospital Cash, Personal Accident, on benefit payment basis.	
6	Loss Sharing	Co Payment as opted by Insured applicable. Options available are 0%, 10% and 20% Room Rent Restriction and associated charges for Sum Insured options for 2 lacs/3 lacs/ 4 lacs Zonal Co pay	Section 5.6
7	Renewal Conditions	Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium Other terms and conditions of renewal	Section 8
8	Renewal Benefits	- Health Check up, - on cashless basis to all the Insured Persons every Policy Year for every insured who has attained 18 years of age. - Guaranteed Cumulative Bonus- We will provide a Guaranteed Cumulative Bonus of 20% of the Sum Insured at the end of each claim free Policy Year maximum up to 100% of Sum insured if the Policy is continuously renewed with Us. Once accrued, the GCB will not be reduced in case of a claim.	Section 3.5 Section 3.3.

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Cancellation

The Company may cancel this Policy, by giving 15 days' notice in writing by registered post acknowledgment due to the Insured at his / their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, in which case the Company shall be liable to repay on demand a ratable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice, cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales given below. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy / Policy riders.

1 year Policy

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

2 year Policy

Months Expired	Premium Retained
0-3	15%
3-6	25%
6-9	50%
9-12	65%
12-15	75%
15-18	85%
18-24	100%

3 year Policy

Months Expired	Premium Retained
0-3	15%
3-6	25%
6-9	35%
9-12	40%
12-15	50%
15-18	60%

Section 8.7

		<table><tr><td>18-21</td><td>70%</td></tr><tr><td>21-24</td><td>80%</td></tr><tr><td>24-27</td><td>85%</td></tr><tr><td>27-30</td><td>90%</td></tr><tr><td>31-36</td><td>100%</td></tr></table>	18-21	70%	21-24	80%	24-27	85%	27-30	90%	31-36	100%	
18-21	70%												
21-24	80%												
24-27	85%												
27-30	90%												
31-36	100%												
10	Claims	- For claim intimation, please call our 24x7 toll free number 1800 2666 or SMS 'HEALTHCLAIM' to 575758 or email us at ihealthcare@icicilombard.com - The updated list of Network Providers is available at Our website or can be confirmed through a phone call made to Us at 1800 2666. All claims will be settled by Our in-house claims settlement team and no TPA is engaged. - For Cashless Claims, 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 2 hours of the actual receipt of such pre authorization request - For reimbursement, We are required to be notified of any planned Hospitalization for which claim can be made, at least 48 hours before Admission, along with full particulars. We are required to be notified of any emergency Hospitalization for which claim days can be made, within 24 hours after Admission, along with full particulars. - We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, but in any event within 30 days from the date of discharge from the Hospital, failing which We will have the right to treat the claim as inadmissible. - For Pre & Post-hospitalization Medical Expenses documents may be provided within 30 days from the completion of post-hospitalization period. The relevant documents can be sent to ICICI Lombard GIC1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet, Hyderabad District Hyderabad , Pin code -500016 Telangana.	g. Other terms and conditions										
11	Policy Servicing/ Grievances/ Complaints	- In case You are aggrieved in any way, You may contact us through Our website www.icicilombard.com (Customer Support section "Grievance Redressal") or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com. - If you are not satisfied with the resolution then you may successively write to Manager- Service Quality, Corporate Manager- Service Quality, National Manager- Operations & finally Director-services and Business development at the following address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, P. Balu Marg, off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 - In case, Your complaint is not fully addressed by us, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDA. For registration please visit IRDAI website www.irda.gov.in	Section 8.16										

		If the issue is still unresolved, you may approach Insurance Ombudsman for the redressal of the grievance	
12	Insured's Right	· Free Look: Insured has a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. · Implied renewability (except on certain specific grounds): The Company offers life-long renewal unless the Insured/ Insured Person or any one acting on behalf of an Insured/ Insured Person has acted in an improper, dishonest or fraudulent manner or has made misrepresentation in relation to this Policy or the Policy poses a moral hazard. · Migration and Portability: Portability from another company to ICICI Lombard General Insurance and vice-versa.	Section 8.6 Section 8.8 Section 8.10 and 8.11
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. · Disclosure of Material Information during the policy period such as change in occupation.	Section 8.1
BeFit Rider		Applicable with following benefits: • Outpatient Consultations • Routine diagnostics and minor procedures • Pharmacy • Physiotherapy • Tele-consultation • E-counselling • Diet and nutrition e-consultation • Preventive Care • Wellbeing program • Health Management Program • Ambulance Assistance and • Value Added Services Note: the above mentioned benefits are applicable as per the plan chosen under BeFit.	Part d of BeFit policy wordings

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Under this Combi product, it will be ensured that there is no overlap in benefits offered under health insurance cover and term insurance cover to the customers.

Annexure – A										
Benefit Illustration in respect of policies offered on individual and family floater basis (Health AdvantEdge)										
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 (₹)	Sum insured (₹)	Premium (₹)	Discount	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
46	20,777	15,00,000	20,777	5%	19,738	15,00,000	41,554	-	26,432	15,00,000
49	20,777	15,00,000	20,777	5%	19,738	15,00,000				
Total Premium for all members of the family is ₹ 41554 when each member is covered separately.			Total Premium for all members of the family is ₹ 39,376 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ 26,432			
Sum insured available for each individual is ₹ 15,00,000.			Sum insured available for each family member is ₹ 15,00,000.				Sum insured of ₹ 15,00,000 is available for the entire family.			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also the premium rates shall be exclusive of taxes applicable.										

Annexure – A										
Benefit Illustration in respect of policies offered on individual and family floater basis (Health AdvantEdge)										
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 (₹)	Sum insured (₹)	Premium (₹)	Discount	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
	36	15,942	20,00,000	15,942	5%	15,145	20,00,000	31,885	-	21,109
40	15,942	20,00,000	15,942	5%	15,145	20,00,000				
Total Premium for all members of the family is ₹ 31,885 when each member is covered separately.			Total Premium for all members of the family is ₹ 30,290 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ 21,109			

Sum insured available for each individual is ₹ 20,00,000.	Sum insured available for each family member is ₹ 20,00,000.	Sum insured of ₹ 20,00,000 is available for the entire family.
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also the premium rates shall be exclusive of taxes applicable.		

Annexure – A										
Benefit Illustration in respect of policies offered on individual and family floater basis (Health AdvantEdge)										
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 (₹)	Sum insured (₹)	Premium (₹)	Discount	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
	32	10,280	10,00,000	10,280	5%	9,766	10,00,000	20,560	-	14,305
35	10,280	10,00,000	10,280	5%	9,766	10,00,000				
Total Premium for all members of the family is ₹ 20,560 when each member is covered separately.			Total Premium for all members of the family is ₹ 19,532 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ 21,194			
Sum insured available for each individual is ₹ 10,00,000.			Sum insured available for each family member is ₹ 10,00,000.				Sum insured of ₹ 10,00,000 is available for the entire family.			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also the premium rates shall be exclusive of taxes applicable.										