

MaxProtect Classic

Customer information sheet/Know Your Policy

Description is illustrative and not exhaustive

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No	Description	Policy Clause Number
1.	<u>Product Name</u> MaxProtect Classic	
2.	<u>Policy Number</u> XXXXX	
3.	<u>Type of Insurance Product/Policy</u> Indemnity	
4.	<u>Sum Insured (Basis)(Along with amount)</u> Individual Sum Insured ₹. XXXX - where each member has a separate sum insured under the policy Floater Sum Insured ₹. XXXX - 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 the policy covers?) (Policy Number/s)</u> Basic Covers • Inpatient Care - Hospitalization expenses for events lasting over 24 consecutive hours. • Room Rent - Single private room for classic plan and all room category except suite for premium plan • Day Care Procedures/Treatment - All daycare procedures covered • Technological advancements and Treatments - Covers For listed procedures up to 1Cr Pre Hospitalization Medical expenses - Up to 60 days before hospitalization. • Post Hospitalization Expenses Up to 180 days after discharge from hospital. • In Patient AYUSH Hospitalization - Medical expenses for AYUSH treatment in an AYUSH hospital or day care center. • Reset Benefit - The Sum Insured can be reset to 100%	Section IV.A.1 Section IV.A.2 Section IV.A.3 Section IV.A.4 Section IV.A.5 Section IV.A.6 Section IV.A.7

	unlimited times if previous claims deplete the Annual Sum Insured, including any Loyalty Bonus. • Donor Expense - Up to Annual Sum Insured for an organ donor's hospitalization for an organ donated to the insured person. • Domiciliary Hospitalization - Up to Annual Sum Insured during policy period • Domestic Road Ambulance Cover - Covers road ambulance services' expenses up to ₹10,000 for transferring the insured person to the nearest hospital. • Teleconsultation - Unlimited 24/7 tele-consultations provided. • Loyalty Bonus - Offers a loyalty bonus of 20% of the Annual Sum Insured at the end of each policy year, up to a maximum of 100%, with no reduction in case of a claim. • Value-Added Services: • Health Assistance Team (HAT) - Assists in understanding health conditions and queries related to health service providers. • Ambulance Assistance - Facilitates ground medical transportation for necessary treatment. • Deals & Discounts - Facilitates discounts on services/products, including diagnostic tests and pharmacy. • Bariatric surgery - Covers medical expenses for bariatric surgery after a 3-year waiting period. Optional Covers 1. Pre-existing disease (PED) waiting period reduction Upon payment of an extra premium, the waiting period for Medical Expenses related to pre-existing Diseases (PED) and their complications is reduced to 24 months from the first policy's inception with the insurer. 2. Room eligibility On payment of the applicable premium, the Insured Person shall be eligible to change the room category from Single Private to any room category except the suite	Section IV.A.8 Section IV.A.9 Section IV.A.10 Section IV.A.11 Section IV.A.12 Section IV.A.13 Section IV.A.14 Section IV.C.1 Section IV.C.2
6.	<u>Exclusions (What the policy does not cover)</u> I. Code- Excl04: Investigation & Evaluation II. Code- Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care III. Code- Excl06: Obesity/ Weight Control	Section V

	IV. Code- Excl08: Cosmetic or plastic Surgery V. Code- Excl09: Hazardous or Adventure sports VI. Code- Excl10: Breach of law VII. Code- Excl11: Excluded Providers VIII. Code- Excl12: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. IX. 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 X. 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 hospitalization claim or day care procedure. XI. Code- Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres XII. Code- Excl16: Unproven Treatments XIII. Code- Excl17: Sterility and Infertility XIV. Code- Excl18: Maternity Specific Exclusions I. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions II. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. III. Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home. IV. Expenses incurred on dental treatment unless necessitated due to an Accident V. Personal comfort, cosmetics, convenience and hygiene related items and services VI. Acupressure, acupuncture, magnetic and other therapies VII. Circumcision unless necessary for treatment of an illness or necessitated due to an Accident. . VIII. Any Treatment or medical services taken outside the geographical boundaries of India	
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	IX. Any expenses incurred on out-patient (OPD) treatment. (This exclusion shall not be applicable in case care management plus program has been opted for by payment of additional premium) X. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) XI. 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. XII. 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. XIII. Treatment for any condition / illness which requires hormone replacement therapy. XIV. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state as demonstrated by: - Deep coma and unresponsiveness to all forms of stimulation; or - Absent pupillary light reaction; or - Absent oculo-vestibular and corneal reflexes; or - Complete apnea. Please refer the policy wording for detailed exclusions.	
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 • Initial Waiting Period: 30 days for all illnesses (except injury-related hospitalization). • Specific Waiting Periods: First 24 months for listed illnesses and treatments (refer to policy for details). • Pre-Existing Diseases: Covered after 36 months of continuous coverage or as specified with optional add-on.	Section V Exclusions under the policy

	- Expenses for Hypertension, Diabetes, and Cardiac Conditions: Within 90 days, unless pre-existing. Bariatric Surgery: 36 months. Worldwide Cover: 24 months.				
8.	<u>Financial limits of coverage</u> Sub-limit - It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: <u>Room Rent Eligibility</u> - Any category except suite room covered up to annual sum insured. <u>Loyalty Bonus</u> 20% of annual sum insured for each completed policy year. <u>Surface Ambulance Charges</u> - Maximum of ₹. 10,000 per hospitalization. <u>Health Check Up</u> - Maximum of INR. 10,000 on cashless basis Technological advancements and Treatments - Covered up to 1,00,00,000 <u>Worldwide cover</u> - Sum insured of maximum up to 3,00,00,000 <u>Home Healthcare</u> - Covers up to 1,00,000 on cashless basis <u>Deductible</u> - It is a specified amount: Up to which an insurance company will not pay any claim, and Which will be deducted from total claim amount (if claim amount is more than the specified amount) Not Applicable <u>Co-Payment</u> Premium will be computed basis the zone chosen by the Insured Person. Zone based co-payment will be applicable in case treatment is taken in a higher zone as per table mentioned in the Policy wordings <table border="1"> <thead> <tr> <th>Zone</th><th>Treatment taken</th><th>Zone based co-payment</th></tr> </thead> </table>	Zone	Treatment taken	Zone based co-payment	Section VII Claim administrati on
Zone	Treatment taken	Zone based co-payment			

		in Zone	
	Zone A	Zone A	Nil
		Zone B	Nil
		Zone C	Nil
		Zone D	Nil
	Zone B	Zone A	8%
		Zone B	Nil
		Zone C	Nil
		Zone D	8%
	Zone C	Zone A	16%
		Zone B	8%
		Zone C	Nil
		Zone D	16%
	Zone D	Zone A	Nil
		Zone B	Nil
		Zone C	Nil
		Zone D	Nil
9.	<u>Claim/Claims Procedure</u>		Section VII
	Cashless (Pre-Authorization) Procedure:		Claim
	Step 1 - Get your treatment at our network hospital and during admission submit copy of health card and photo ID proof at Hospital Insurance desk		administrati
	Step 2 - The hospital sends 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.)		on
	Step 3 - Request would be processed from insurance as per policy terms and conditions		
	Step 4 - You may avail treatment and 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 hours of the actual receipt of such pre authorization request with. Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on 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	
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	non-Accident cases. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it 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 would be processed as per policy terms and conditions Step 4 - The approved amount in the claim would be reimbursed to you Turn Around Time(TAT) for claim settlements- <u>For reimbursements claims</u> - We shall make the payment of admissible claim OR communicate non admissibility of claim within 30 days of receipt of claim along with claim form and documents. <u>For cashless claims</u> - We will respond within 1 hours (subject to receiving complete set of documents) of the actual receipt of such pre authorization request. Claim Service Guarantee available under the Policy. (Please refer to the policy wordings for Our full service guarantee.) Download Claim Form- https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-than-1-lac.pdf	
10.	11. In case of any grievance the insured person may contact the	Section VI.A General

	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 12. There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution 13. 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. 14. If Insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com 15. 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. 16. 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.irdaindia.org, or on the Company's website at www.icicilombard.com.	terms and conditions
17.	<u>Things to remember</u> • Free Look Period: • Every policyholder 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(Please refer to the Policy Wordings and the Prospectus for more details) If you wish to cancel the Policy, You may contact us through Our website www.icicilombard.com (Customer Support section) or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com.	Section VI.A General terms and conditions

	• Renewal Conditions: • 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 • . • Lifelong renewability without age restriction. • Grace period of 30 days for renewal; illnesses within this period treated as pre-existing, and no claims payable. • Renewal Benefit: • Renewal premium subject to change based on various factors. • Loyalty Bonus: 20% of Annual Sum Insured at the end of each claim-free policy year, up to 100% with continuous renewal. • Cancellation: • You can cancel the policy with a 15-day written notice by registered post. • Refund for the unexpired period if no claims have been payable. • Disclosure of Information: • Policy void if there is misrepresentation, mis-description, or non-disclosure of material facts by the policyholder. • Migration and Portability • Option to port the policy to other insurers. Application to be made 45 to 60 days before the renewal date for continuity benefits • The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987 • In case you are keen on migrating or outward porting kindly contact us at customersupport@icicilombard.com Change in Sum Insured- Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the 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	Section VI.A General terms & conditions Section IV.B.5 Section VI.A General terms and conditions
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	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.	
18.	<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.	Section VI.A 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