OPD+

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.	**Name of Insurance Product/Policy** OPD+ Plan B	
2.	**Rider Number** XXXXX	
3.	**Type of Insurance Product/Policy** Indemnity	
4.	**Sum Insured** **Basis:** • Individual Sum Insured- Rs. XXX -where each member has a separate Sum Insured under the policy • Floater Sum Insured – Rs. XXX - where all members under the policy have a single Sum Insured limit which may be utilized by any or all members The Sum Insured applicable under this rider shall stay same across the term, and shall not be replenished on every policy anniversary. For example, if you have chosen a sum insured of Rs 50,000 and a Rider Period of 2 years, You can avail benefits anytime maximum up to Rs. 50,000 (sum insured) in total across the term of 2 years.	
5.	**Policy Coverage (What the policy covers?)** All the covers shall be on cashless basis in empaneled service provider only. **Expenses in respect of:** **i. Base Covers: -** 1. Tele General Medical Practitioner Consultation: Expenses for virtual out-patient consultations from a General Medical Practitioner 2. Tele Specialist & AYUSH Consultation: Expenses for virtual out-patient consultations from a Specialist Medical Practitioner, AYUSH practitioner 3. Mental Health Counselling: Expenses for virtual out-patient consultations from a psychologist or mental health counsellor 4. Physical Consultation: Expenses for physical (in-clinic) out-patient consultations from a General Medical Practitioner or Specialist Medical Practitioner or an AYUSH Practitioner 5. Diagnostic Procedures Cover: Expenses for diagnostic and investigation tests or of any preventive diagnostic procedures 6. Pharmacy Cover: Expenses on purchase of medicines, drugs, and medical consumables 7. Vision Care Cover: Expenses on medically necessary Ophthalmic consultation and procedures including routine eye check-up, cost of spectacles (once during rider period)	**d.1 Base Covers** d.1.1 d.1.5 d.1.6 d.1.7

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	8. Dental Cover: Expenses on dental consultation and non-aesthetic dental procedures	d.1.8
	9. Physiotherapy Cover: Expenses for physiotherapy sessions with a qualified physiotherapist	d.1.9
	10. Minor Procedures Cover: Medical expenses for listed minor procedures undergone	d.1.10
	13. Value Added Services: We at the request of the Insured Person shall arrange or shall facilitate the following additional services: a. Access to fitness videos b. Medical vault	d.1.13
	Optional Cover:	**d.2 Optional Cover**
	1. Coverage in Specified Network Only: We shall cover the eligible expenses under this Rider within the specified Network Only. For availing benefits like Diagnostic procedures, Pharmacy Cover etc, prescription from the Medical Practitioner of such Specified Network is mandatory	
6.	**Exclusions (What does the policy not cover)**	**e. Exclusions**
	i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI): -	e.i
	1. 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.	e.i.1
	2. Rest Cure, rehabilitation and respite care- Code- Excl05 a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	e.i.2
	3. Change-of-Gender treatments: Code- Excl07 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.	e.i.3
	4. Cosmetic or plastic Surgery: Code- Excl08 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessarytreatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.	e.i.4
	5. Hazardous or Adventure sports: Code- Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving,	e.i.5

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	deep-sea diving.	e.i.6
	6. Breach of law: Code- Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	e.i.7
	7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl12**	e.i.8
	8. Treatments received in heath 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. **Code- Excl13**	e.i.9
	9. Unproven Treatments: Code- Excl 16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	
	ii. Specific Exclusions (Exclusions other than those specified above):	
	10. In-patient & day care treatment: Expenses related to any hospitalization treatment or day care procedures shall not be covered.	e.ii.10
	11. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.	e.ii.11
	12. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of 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.	e.ii.12
	13. Any expenses incurred on 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 implants. This exclusion does not apply to benefit "Vision care" to the extent of coverage defined in this benefit.	e.ii.13
	14. Treatment taken outside the geographical limits of India.	e.ii.14
	15. Personal comfort, cosmetics, convenience and hygiene related items and services	e.ii.15
	16. Acupressure, acupuncture, magnetic and other therapies	e.ii.16
	17. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.	e.ii.17
	18. Expenses for venereal disease or any exually transmitted disease except HIV.	e.ii.18

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	19. Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies 20. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) 21. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions	e.ii.19 e.ii.20 e.ii.21
7.	**Waiting period** • 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 expenses due to injury).	e.i.1
8.	**Financial limits of coverage** **i. Sub-limit** (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit No sub-limits applicable for this rider. **iii. Deductible** (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) Deductible is not applicable for this Rider. **iv. Any other limit (as applicable)** Not Applicable	
9.	**Claims/claims procedures** **Claims Procedure-** All claims will be adjudicated only on cashless basis and are subject to the terms, conditions, and exclusions of the Rider and the availability of limits applicable within the respective benefit. Cashless Facility is only available at specific Network Providers/Health Service Provider. We reserve the right to modify, add or restrict any Network Provider/Health Service Provider for Cashless facility at Our sole discretion. To avail the benefits and services under this cover, Insured Person shall need to raise a request through mobile application. In case the services availed exceed the eligibility of the Rider, the difference shall have to be paid directly to the Hospital/Network Provider/Health Service Provider by the Insured Person/claimant. **Reimbursement Procedure-** Not available. All covers and services are on cashless basis through our empanelled service provider only.	**g. (Other terms and conditions)**
10.	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email us at customersupport@icicilombard.com or use our IL Take Care 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.	

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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 Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, 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: Associate Vice President – Customer Support Grievance Redressal Officer • 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.	f.2.1
12.	**Things to remember** **Free Look cancellation:** You may cancel the insurance Rider if you do not want it, within 30 days from the beginning of the policy. 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. **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.	f. General terms and conditions

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	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. **Change in Sum Insured:** The sum insured can be modified (increase/decrease) only at renewal, 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. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
13.	**Your Obligations** • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • In the event of misrepresentation, non-disclosure of material facts, established fraud by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is established to be fraudulent or it is established that any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.	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: The information must be read in conjunction with the product brochure and policy document. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Benefit Illustration

Annexure – A

Benefit Illustration in respect of policies offered on individual and family floater basis (OPD+ Rider- Plan B)

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 (₹)	Discount	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
44	1,564	5,000	NA	NA	NA	2,099	-	2,099	5,000
48	1,564	5,000	NA	NA	NA				
Total Premium for all members of the family is ₹ 3,128 when each member is covered separately.						Total Premium when policy is opted on floater basis is ₹ 2,099			
Sum insured available for each individual is ₹ 5,000						Sum insured of ₹ 5,000 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.