

		4.8
6.	<u>Exclusions (What does the policy not cover)</u> i. Standard Exclusion - Code- Excl04 - Investigation & Evaluation- - Code- Excl05 - Rest Cure, rehabilitation, and respite care - Code-Excl06 - Obesity/ Weight Control - Code- Excl07 - Change-of-Gender treatments - Code- Excl08 - Cosmetic or 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 addictive condition and consequences thereof. - Code- Excl13- Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments for domestic reasons - 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. - Code- Excl15 - Refractive Error: - Code- Excl16 - Unproven Treatments - Code- Excl17 - Sterility and Infertility - Code- Excl18 - Maternity Specific Exclusions: - Any medical treatment taken outside India. - Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. - Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination byradioactivity from: any nuclear fuel or from any nuclear waste; or from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); nuclear weapons material. nuclear equipment or any part of that equipment. - War, invasion, acts of foreign enemies, hostilities (whether	Section 8 Standard Exclusion s 8.1.1 8.1.2 8.1.3 8.1.4 8.1.5 8.1.6 8.1.7 8.1.8 8.1.9 8.1.10 8.1.11 8.1.12 8.1.13 8.1.14 8.1.15 Section 8.2 8.2.1 8.2.2 8.2.3 8.2.4

	war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, 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. • Injury or Disease caused by or contributed to by nuclear weapons/materials. • Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident. • Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy. • Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent. • Vaccination or inoculation except as post bite treatment for animal bite. • Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect. • Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered. • Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. • Venereal/ Sexually Transmitted disease other than HIV/AIDS. • Stem cell storage. • Any kind of service charge, surcharge levied by the hospital. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II • Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.	8.2.5 8.2.6 8.2.7 8.2.8 8.2.9 8.2.10 8.2.11 8.2.12 8.2.13 8.2.14 8.2.15 8.2.16 8.2.17 8.2.18
7.	<u>Waiting period</u> <u>Time period during which specified diseases/treatments are not covered</u> <u>It is counted from the beginning of the policy coverage</u> • Pre-Existing Diseases (other than Disability): thirty six (36)	Section 5

	months of continuous coverage. - illness: 30 days from the policy commencement date except if due to an accident - Pre-existing Disability: 24 months of continuous coverage from the policy commencement date. - Specified surgeries/ treatments/ diseases/Specific Waiting Period: First 24 months, for specific illness and treatment. (Please refer to the policy clauses for the full listing) - For HIV/AIDS cover initial waiting period of 30 days will be applicable	5.A.1 5.A.2 5.A.1 5.A.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> a) Room Rent, Boarding, Nursing within the Hospital / Nursing Home: Up to 1% of the Sum Insured per day. b) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU): Up to 2% of Sum Insured per day. c) Cataract: Up to Rs. 40,000/- per each eye in one policy year d) Technological advancements and Treatments : Up to 50% of the Sum Insured. e) Road Ambulance: Up to Rs.2000/- per hospitalization. <u>Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u> Co-payment of 20% is applicable to every claim amount admissible and payable as per the terms and conditions of the policy. (Can be waived off by paying an additional premium) <u>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)</u> Not Applicable <u>Any other limit (as applicable)</u> Not Applicable	Section 4 4.1 4.6 4.7 4.2 4.5 10.5
9.	<u>Claims/Claims Procedure</u> Cashless (Pre-Authorization) Procedure: Step 1 – Get your treatment at our network hospital and during admission submit copy of health card and photo ID proof at Hospital	Section 10 10.1

Insurance desk 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) 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 decide within 1 hours 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 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 ILTakecare app. If an eclaim is submitted please retain all the original documents and produce if asked by Insurance to submit in original 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 The claim will be processed within 15 days of receipt of claim along with original documents. Note : To claim or check your claim status, use the IL TakeCare App or contact
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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 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 If sending 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. In the event of a payable claim, We shall make such payment through Cashless facility or provide Reimbursement of benefits, up to an amount as specified for said cover. The relevant documents to be sent to ICICI Lombard Health Care,
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	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.	
11	<u>Grievances/Complaints</u> In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com Address: ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 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 Redressal Officer of the Company at the details provided in the below link:	Section 9.1.15

	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 of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDAI 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 IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman	
12	<u>Things to remember</u> 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. 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.. 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.	9.1.14 9.1.10 9.1.8 9.1.9 9.1.12

	d. 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 insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	9.2.I.b
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.	

Declaration by the Policy Holder:

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

Place:

Date: _____

Holder

Signature of the Policy

NOTE: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail