Vibe
Prospectus and Sales Literature

Section 1. AGE LIMIT:

1. **Entry Age:** This Policy can be offered to an individual with minimum age of 6 years and maximum age of 35 years. Children between ages of 91 days to 5 years can be insured only under a floater plan only. Maximum age for dependent children under Floater Policy is 17 years. The age considered is the completed number of years as on last birthday.

2. **Lifetime Renewability:** There is no maximum age limit for Renewal.

3. **Floater Policy:** You can avail a floater cover and get Your immediate family covered for the same sum insured under a single Policy by paying one premium amount. Any individual above 3 months of age can be covered under the Policy provided 1 Adult is also covered under the Policy

4. **Relationships Covered:** You and your immediate family (Immediate family would mean spouse, dependent children, brother(s), sister(s).

5. **Premium Calculation:** In a family floater policy, the age of eldest member will be considered while computing premium for the members covered under the family floater. Other factors determining premium are addition/deletion of any optional covers, change in policy conditions such as tenure, zone opted, change in age band, increase or decrease in sum insured opted for and change in any tax laws by the government and health status of the individual being insured.

6. Policy can only be issued to residents of India. Residents of India shall include all Citizens of India and permanent residents of India as well as expatriates or foreigners who are holding an employment pass, dependant pass or work permit and residing in India. Expatriates or foreigners must provide a copy of either a valid employment pass or work permit, and a bona-fide residential address in India.

Section 2. SALIENT FEATURES & BENEFITS:

- **Policy Tenure:** You can opt for a Policy with Policy period of one year or two years or three or four or five years

- **Tax Benefit:** You can avail off tax benefit on premiums paid under Health sections of this Policy, as per Section 126 of Income Tax Act, 2025 and amendments made thereafter.
- **Base Sum Insured :** This denotes the maximum amount of cover available to You for a Policy Period of one year as per plan opted.
  1. Minimum Sum Insured: ₹7,00,000
  2. Maximum Sum Insured: ₹1,00,00,000
- **Cashless Hospitalization:** You can avail of cashless Hospitalisation at any of our network providers/ hospitals. A list of these hospitals/ providers will be sent to You along with Your Policy.
- **Zone-based Premium :** The premium will be computed basis the zone chosen by You in the proposal form.

Zone	State/District
Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Gurugram district, Karnal district, Sonipat district, Rohtak district, Bhiwani district, Chakri Dadri district, Mahendragarh district, Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district
Zone B	Pune, Kolkata, Telangana (incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand
Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region), Haryana (excl. NCR region)
Zone D	Rest of NCR (Alwar district, Bagpat district, Bharatpur district, Bulandshahr district, Faridabad district, Gautam Buddha Nagar district excl. Noida, Jhajjar district, Jind district, Nuh district, Panipat district, Rewari district, Mewat district, Palwal district)

The premium will depend on Your city of residence and pincode.
Please inform us immediately in case of any change in the same. Not doing so, may impact your claim admissibility. There will be no zone based co-payment applicable

What is covered?

The Policy provides indemnification of Medical Expenses incurred by You during Your Hospitalisation, for any Illness or Injury suffered during the Policy Year. Kindly go through the policy wordings for detailed terms and conditions. The coverage mentioned below differs between the various plan offerings and the wordings of only the relevant covers opted by the Policyholder and as mentioned in the Policy schedule will be applicable

A. Basic Cover

1. **In-Patient Treatment**: We will cover the Medical Expenses in respect of Your Hospitalization such as Room Rent up to a Single Private AC room in all the plans except twin sharing room for Rookie and Value Plan; intensive care unit charges, qualified nurse charges, medical practitioner's fees, anaesthesia, blood, oxygen, operation theatre charges, charges incurred on medicines drugs, consumables (other than those specified in the list of excluded expenses (non-medical) in Annexure II), surgical appliances and prosthetic devices (recommended in writing), costs of investigations or prescribed diagnostic tests . incurred by You during Hospitalisation for a minimum period of 24 consecutive hours.

   i. If You are admitted to a room with a Room Rent or category higher than that specified in the Policy Schedule, then Associated Medical Expenses shall be payable on a pro-rata basis. However, pro-rate deductions shall not apply to ICU Charges or where the Hospital does not follow differential billing or where expenses are not charged based on the room category.

2. **Day Care Procedures/ Treatment**: We will cover the Medical Expenses incurred in respect of Your Day Care Treatment at a Day Care Centre while undergoing Day Care Procedures/Treatment, which require less than 24 hours Hospitalisation.

   i. If You are admitted to a room with a Room Rent or category higher than that specified in the Policy Schedule, then Associated Medical Expenses shall be payable on a pro-rata basis. However, pro-rate deductions shall not apply to ICU Charges or where the Hospital does not follow differential billing or where expenses are not charged based on the room category.

3. **Technological Advancements and Treatments –** We will Pay You for the medical expenses incurred on below specified Technological Advancements and Treatments during the policy period up to the Annual Sum Insured.

Sr. No	Treatment/Procedure
1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2	Immunotherapy- Monoclonal Antibody to be given as injection
3	Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
4	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5	Balloon Sinuplasty

6	Oral Chemotherapy
7	Robotic surgeries
8	Stereotactic radio Surgeries
9	Deep Brain stimulation
10	Intra vitreal injections
11	Bronchical Thermoplasty
12	IONM - (Intra Operative Neuro Monitoring)

4. **Pre-Hospitalisation Medical expenses**: We will cover You for the relevant medical Expenses incurred, immediately 60 days (For Rookie plan and Value plan), 90 days (For all other plans) before hospitalisation up to the Annual Sum Insured.

5. **Post-Hospitalization Medical expenses**: We will cover You for the relevant medical Expenses incurred, immediately 90 days (For Rookie plan and Value plan),180 days (For all other plans) after Your Hospitalisation up to the Annual Sum Insured.

6. **In-Patient AYUSH Hospitalisation**: We will cover the medical expenses incurred in respect of Your Hospitalization for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) treatment only when the treatment has been undergone in a Government recognized AYUSH hospital or AYUSH day care centre.

7. **ReVibe Benefit:**
   We will reset up to 100% of the Base Sum Insured for once in a Policy Year for any covered illness for Rookie and Value plan, and for unlimited times for all other plans, due to the insufficiency of the Sum Insured (including any accrued Green Flag Bonus) caused by the payment of previous claim(s) in that Policy Year, subject to the following conditions:

i. The ReVibe Benefit will not be triggered for the first claim made during the Policy Year.

ii. The Reset Benefit will not be available for an Illness /Injury or related complications or any relapse or re-admission within 15 days in respect of which a claim has been paid in that Policy Year for the same Insured Person **iii.** In each claim, the reset benefit will be provided only upto 100 % of base sum insured. **iv.** The total amount of ReVibe Benefit will not exceed the Sum Insured for that Policy Year.

v. The ReVibe Benefit will be applied only if the claim is made and admissible under "Inpatient Treatment" or "Daycare Treatment" or "In-patient AYUSH Hospitalization" as per "Scope of cover".

vi. For Individual Policies, the amount will be available on individual basis and for Family Floater Policies, the amount will be available on floater basis.

vii. Any unutilized ReVibe Benefit will not be carried forward to any subsequent Policy Years.

8. **Domestic Road Ambulance:** We will cover the medical expenses incurred on road ambulance services that are offered by a service provider for transporting the You to the nearest Hospital in case of an Accident, Illness or injury up to the Sum Insured.In case the services of a health care or ambulance service provider are being availed on cashless basis, the charges of road ambulance will be covered as per actuals. We will cover the Medical Expenses only on reimbursement basis.

9. **Green Flag Bonus:** We will provide a Green Flag Bonus of 20% on the base Sum Insured at the end of each Policy Year, up to a maximum of 100% of the base Sum Insured for Rookie/BasicFit/Upgrade and Value plan, and 50% of the base Sum Insured at the end of each Policy Year up to a maximum of 300% of the Base Sum Insured for Policies with Sum Insured for Flex/GOAT plan.

i. The maximum Green Flag Bonus that can be accumulated in Your policy shall be as applicable for your plan. Even in the event of a claim under the Policy, the credited Green Flag Bonus will not be reduced. **ii.** In case of multi year policies, the Green flag bonus will be accumulated & carry forwarded for each Policy year of the Policy Period. The Green Flag Bonus will be provided in each policy year on the base sum insured opted at the time of inception / renewal irrespective the base sum insured is utilized of next policy year(s) by opting optional cover Tenure Glow up (Multi Year Policies Only). The Sum insured for each Policy year in the Policy Period is same.

iii. The Green Flag Bonus will accumulate on floater basis for a Family Floater Policy and on individual basis for an Individual Policy. In a Family Floater Policy, the accrued Green Flag Bonus will accrue to You only if You were covered in the previous Policy Year(s) and continue to be covered in the renewal (except for spouse in case you have opted for optional cover 5 – Spouse Care).

iv. Green Flag Bonus can only be utilized when the Base Sum Insured is completely exhausted.

v. If individual Policies with accumulated Green Flag Bonus are renewed as a Family Floater Policy, then the lowest Green Flag Bonus of all individual Policies and not the Green Flag Bonus under each individual policy will be carried forward to the Family Floater Policy.

10. **Tele Consultation(s)**: We will arrange Tele Consultations which involve consultation with a qualified Medical Practitioner or health care professional for routine health issues provided through audio, video, online portal, chat or mobile application. The Tele Consultation will be available 24 hours a day and 365 days a year. There shall be no limit on the count of Tele-Consultations that can be availed in a Policy Year. This will not be provided on reimbursement basis.

11. **GetFit:** We will provide this benefit to promote and incentivize, health and Fitness. If you download and register on ILTakeCare mobile app and complete recording of 5,000 steps on this app, we will provide You vouchers/cashless service for Gym membership (physical) and Access to the other physical fitness activities, subject to availability within the network- Aerobics, Pilates, Calisthenics, Yoga, Zumba, other approved physical fitness activities offered through network centers as may be available from time to time through our mobile app for remaining period of Policy year. This gym membership shall be available to the Adult members (i.e. aged 18 years & above) in the Policy. Access to these services will be subject to the availability of network providers at the Insured Person's location. The benefit may be availed after 30 days from policy inception, in accordance with the applicable terms, conditions and operational guidelines.

    The service will not be provided on reimbursement basis.

    Any utilization of/enrolment for services/benefits under this cover shall be constituted as "claim" for the purpose of Cancellation refund under this Policy

12. **Aura Points:** We will provide Aura Points to the Insured Person for maintaining claim-free months during the Policy Year. These Points may be redeemed against eligible health and wellness services

through Our authorized network providers on cashless basis / redeemable voucher only, through our mobile app ILTake Care, subject to the conditions below:

Earning of Points

a. Points are earned for each claim-free month during the Policy Year.
b. If a claim is made, no further Points shall be credited for the remaining Policy Year; Points already earned will remain available for redemption.
c. Earning of Points begins again in the next Policy Year, provided the Policy is renewed without break. d. Points Structure
e. 500 Points per claim-free month for plan Rookie/BasicFit/Upgrade.
f. 750 Points per claim-free month for plan Flex/GOAT.
g. This cover is not applicable for "Value" plan.
h. Redemption of Points -Accumulated Points may be redeemed for the following services through authorized network providers, subject to service availability:
   - Vision: max 3k points per policy year
   - Dental: max 3k points per policy year
   - Physical consultations-OPD If Cashless- 100 % utlilization in our Network
   - Diagnostics
   - Pharmacy
   - Membership in Sports Club - Can be utilized only when minimum 2.5K credit points accumulated. Once unlocked, it will be available irrespective of points left in the wallet. The availability of this redemption option is subject to availability of Network- through our service provider. The available options will be as shown on our mobile app ILTake Care. Activites shall be enlisted in the policy wordings.

g. Accumulation & Carry-Forward
   - A maximum of 12,000 Points may be accumulated at any time.
   - Once the limit of 12,000 Points is reached, no further Points shall be credited unless You redeem Points and the balance falls below the maximum permissible limit. No points shall be credited for previous months where the point addition was not provided due to accumulation limit.
   - Carry-forward is allowed within the maximum limit, provided the Policy is renewed without break.

h. Any utilization of/enrolment for services/benefits under this cover shall be constituted as "claim" for the purpose of Cancellation refund under this Policy
i. The service will not be provided on reimbursement basis

13. Mind and Mood Recover: We provide access to mental health and psychological counselling sessions through our designated network providers, with an option for video consultations wherever network services are not available. This benefit is offered from Day 1 of the Policy to support the Insured Person's mental wellbeing. The Insured Person shall be eligible to avail individual counselling sessions through Our empaneled network counsellors. In locations where network providers are not available, the sessions may be availed through video consultation. The per-session limit is INR 1,000, irrespective of whether the session is physical or video-based.No. of sessions may vary as per the plan. Once any mental health

counselling session under this benefit has been availed, the Policy cannot be cancelled for that Policy Year.

Any utilization of/enrolment for services/benefits under this cover shall be constituted as "claim" for the purpose of Cancellation refund under this Policy.

The service will not be provided on reimbursement basis.

B. Optional Cover

1. Smart Returns :

We will provide a renewal discount under this Optional Cover if the Policy remains claim-free in respect of In-Patient Treatment, Day Care Treatment, Modern Treatment or AYUSH for five Policy Years, whether consecutive or non-consecutive. Upon fulfilment of this condition, the Insured Person shall be eligible at the next renewal for a discount equivalent to the Base Premium of the Policy Year in which this Optional Cover was first opted, subject to the following conditions :

i. This Optional Cover must be opted and renewed continuously without any break to retain eligibility. The claim-free requirement applies only to covered benefits under In-Patient Treatment, Day Care Treatment, Modern Treatment and AYUSH.

ii. The renewal discount equivalent to the Base Premium shall be granted after completion of each block of five claim free Policy Years, either consecutive or non-consecutive provided this Optional Cover is maintained without interruption throughout such block.

iii. The discount shall apply only to the renewal premium and shall not be encashed, transferred or carried forward.

iv. If this Optional Cover is discontinued, the eligibility shall reset. Upon re-selection, the Insured Person shall be required to complete five new claim-free Policy Years, commencing from Year 1.

v. For determining the applicable discount, Base Premium shall mean the premium charged in the Policy Year in which this Optional Cover was first opted, excluding all applicable taxes, cesses, loadings or additional premium for Optional Covers.

vi. Optional Cover "Smart Returns" and "Voluntary Deductible" cannot be opted together. vii. This cover is not applicable for Value plan.

2. Claim Protector : If a claim is accepted under the Basic Cover- In-Patient Treatment or Basic Cover - Daycare Treatment, the non-payable items included under List I- Items for which coverage is not available in the Policy of Annexure II will become payable under this cover, subject to the following :

i. The maximum claim payout under this benefit shall be limited to Annual Sum Insured under your policy. ii. Any sum insured accrued Green Flag Bonus/ ReVibe benefit will not be available for claim protector cover.

iii. The service will not be provided on reimbursement basis

iv. This cover is not applicable for Value plan.

3. **Health Check-up :** We will provide a Health Check-Up to Adult aged 18 years and above, anytime during the Policy Period, through pre-designed health packages (specified below) offered by Our Network Providers/Service Provider, subject to the following :

i. This Optional Cover is available only once per Policy Year per Adult. Any unutilized Health Check-up benefits will not be carried forward to the next Policy Year. It is Your responsibility to utilize the benefit within the Policy Period, and We will not issue any reminders or notifications.

ii. This Optional Cover is up to 0.5% of Sum Insured or Rs. 5,000, whichever is lower.

iii. These pre-designed health packages are based on eligibility as per the Sum Insured. We may modify these packages from time to time without prior notice ; however, You will not be permitted to modify them.

iv. This Optional Cover can be obtained only on cashless basis and can be availed through our mobile app or by calling Our Toll-free number : 1800 2666.

v. We will assign the Network Provider/Service Provider once We receive Your request.

vi. In-case of long term policies (2/3/4/5 years), the Adult are eligible for Health Check-up once per policy year

vii. This cover is not applicable for Value plan. viii. It is agreed and understood that

1) You have obtained the services under this Optional Cover on Your own discretion, and risk;
2) the services under this Optional Cover shall not be construed as medical advice nor a substitute for physical consultation with an independent Medical Practitioner or healthcare professional;
3) You must seek assistance from a qualified Medical Practitioner/healthcare professional when interpretating and applying any recommendations under this Optional Cover; and
4) We shall not be held responsible for any loss, damage, or adverse outcome arising out of or in connection with any opinion, advice, prescription, or any actual or alleged errors, omissions, or representations made by the Medical Practitioner or healthcare professional delivering the services under this Optional Cover.

4. Tenure GlowUp : We will permit the Insured Person to utilize the aggregate Base Sum Insured of all years under a multi-year Policy at any time during the Policy Period, subject to the conditions below.

i. The Base Sum Insured of all Policy Years may be accessed multiple times within a Policy Period, provided the total utilization does not exceed the aggregate Base Sum Insured for the full tenure.

ii. If the Base Sum Insured of future Policy Years is utilized in advance, the remaining Sum Insured for the subsequent years shall be reduced accordingly.

iii. The ReVibe Benefit shall not apply to any portion of future-tenure Sum Insured that is consumed in advance.

iv. The order of utilization shall be as : Sum Insured first, followed by Green Flag Bonus, then ReVibe Benefit (Base), and lastly Tenure GlowUp. If the Sum Insured is insufficient, the Insured Person may utilize the next component in the same sequence.

v. For avoidance of doubt, in case the sum insured of the subsequent policy year(s) is utilized, you will be eligible for the re vibe benefit from the second claim of subsequent policy year(s). The utilization of the sum inured of the next policy year will not be considered as first claim of that policy year. Policy Year means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such a twelve-month period. For the purpose of subsequent years, “Policy Year” shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule.

vi. GreenFlag bonus, ReVibe benefit will remain applicable as per respective Terms and conditionsIf a claim is paid utilizing the sum insured per this optional cover and thereafter if policy is cancelled, no refund shall be provided for unexpired policy years as well.

5. Spouse Care : We will provide continuity of accrued bonus and waiting periods (including specific waiting periods and pre-existing disease waiting periods) to the spouse of the Insured Person under this Cover, subject to the conditions below.

i. This Cover must be opted at the inception of the Policy and may be availed only until the spouse is added to the Policy. This add-on shall be available only if "self" is insured.

ii. Continuity shall apply solely to accrued bonus and waiting periods ; no other accumulated benefits shall transfer to the spouse.

iii. Intimation of addition of spouse in policy must be made within 6 months from the date of marriage.

iv. The continuity benefit will not be applicable with respect to the waiting period for maternity & new born baby cover. Continuity shall apply in respect of accrued bonus and initial, Specific and Pre-Existing disease waiting periods. However, waiting period as applicable for maternity coverage and Newborn baby cover shall apply from the date of inception of eligible female member in this policy.

v. The addition of spouse member is subject to underwriting. Only if the spouse member is approved for addition, continuity benefits will apply. vi. This Cover shall be opted from the inception of the Individual Policy and may be availed only until the spouse is included under the Policy.

vii. This Cover shall be available only for plans Upgrade/Flex/GOAT.

viii. Tenure GlowUp benefits shall apply to the spouse under this Cover. ix. Upon addition of the spouse to the Policy, this Optional Cover shall automatically terminate.

x. The continuity will not be applicable for waiting period for maternity & new born cover.

6. Network Advantedge : We will provide You a discount of 10% on every renewal premium (including the premium payable in the first Policy Year), subject to the following conditions:

i. You must avail treatment under “In-patient Treatment” or “Day Care Procedures/Treatment” or “In-patient AYUSH Hospitalization” cover from Our Network Provider listed on Our website/Mobile Application.

ii. A Co-Payment of 20% will be applicable on each and every claim in case the treatment is taken from NonNetwork Provider.

7. 2 – Hour Quick Fix: We will cover the medical expenses incurred for Hospitalization of 2 hours or more, and for a minimum of 24 hours for AYUSH Treatment in an AYUSH Hospital, up to the extent of the applicable terms of the Policy. Coverage includes the following:

i. Room Rent up to eligible room category as per plan opted.

ii. Intensive Care Unit (ICU) charges. iii. Qualified nurse charges.

iv. Medical Practitioner’s fees.

v. Charges for anesthesia, blood, oxygen, operation theatre, medicines, drugs and consumables, excluding items listed as non-medical expenses in Annexure II. vi. Surgical appliances and prosthetic devices recommended in writing by the attending Medical Practitioner and used intra-operatively during a Surgical Procedure.

vii. Costs of investigative tests or prescribed diagnostic procedures directly related to the Injury or Illness for which the Insured Person is Hospitalized.

Conditions -

i. Room Rent & Associated Medical Expenses :

If the Insured Person is admitted to a room with a Room Rent or category higher than that specified in the Policy Schedule, Associated Medical Expenses shall be payable on a pro-rata basis.

ii. Pro-rata deductions shall not apply to:
- ICU charges,
- Hospitals that do not follow differential billing, or • Expenses not charged based on Room Rent.

iii. Exclusions :

This benefit shall not cover:
- Use of automation machines for peritoneal dialysis;
- Hospitalization solely for diagnostic or investigative procedures with no active line of treatment (such as MRI, CT Scan, Endoscopy, Colonoscopy, etc.).

iv. Treatment Classification :

Treatments or procedures covered under this add-on are distinct from those covered under Day Care Procedures/Treatment.

v. Additional Treatments Covered (Indicative List) :

If this add-on is opted, treatments such as IV Fluid Therapy for Severe Dehydration, Platelet Transfusions, Iron Infusions, Ligament Sprain & Immobilization, etc., shall be covered in addition to standard in-patient Hospitalization.

vi. This list is indicative and not exhaustive

8. Room Modifier: We will provide You the option to modify the Room Rent eligibility as opted and specified in the Policy Schedule from the following:

i. To modify the Room Rent eligibility to any room category without any restriction or

ii. To modify the Room Rent eligibility to Twin Sharing Room

This Optional Cover shall be available for selection only for plan BasicFit/Upgrade/Flex/GOAT.

9. Maternity Benefit : We will cover the Maternity Expenses incurred, up to ₹50,000 for Policies with Rookie/BasicFit/Upgrade plan, and up to ₹1,00,000 for Policies with Flex/ GOAT plan. Expenses related to medically recommended lawful termination of pregnancy but only in a life-threatening situation/condition and on the advice of a Medical Practitioner, subject to the following conditions:

i. This Optional Cover can be opted at inception or renewal of the Policy. It may also be opted by an individual female Insured Person, irrespective of New born Baby Cover or Vaccination Cover.

ii. The Optional Cover is limited to a maximum of 3 deliveries or terminations during the lifetime of a female Insured Person between the ages of 18 to 45 years.

iii. Pre-natal expenses (from conception until delivery) and post-natal expenses (up to 30 days from delivery) are covered within the above limit, provided they are incurred on an in-patient basis.

iv. This Optional Cover will have a waiting period of 24 months from the date it is opted and specified in the Policy Schedule.

v. Any expenses incurred for management of ectopic pregnancy are excluded under this Optional Cover. Claim for these can be made under Basic Cover - In-Patient Treatment. This Optional Cover shall not be available outside the geographical boundaries of India.

vi. Spouse Care continuity shall not apply to the maternity waiting period under this Optional Cover.

vii. The cover is not available in Value plan.

10. New Born Baby Cover :

i. We will cover the Medical Expenses incurred by You on Hospitalization of a "New born Baby" during each Policy Year of Policy Period subject to the maximum limit upto 2,00,000 or twice the maternity sum insured, whichever is lower.

ii. This add-on/Optional Cover will be provided only if You have opted for the Maternity Cover and We have accepted a claim under Maternity cover under this policy.

iii. This Optional Cover will cover Medical Expenses incurred on the "New born Baby" during Hospitalization (for a minimum period of consecutive 24 hours) for a maximum period up to 90 days from the date of birth of the baby

iv. We will cover the expenses incurred on Vaccinations of the new born baby till one year of age during the policy period subject to a maximum limit of Rs. 10,000. This limit is over and above the Maternity Sum Insured

v. This Optional Cover will have a waiting period of 24 months from the date it is opted and specified in the Policy Schedule.

vi. The cover is not available in Value plan.

11.Thrill Shield : We will cover the medical expenses incurred for in-patient treatment arising from accidental injuries sustained while participating in a defined list of Adventure Sports as mentioned in the policy wordings, on an indemnity basis, up to an amount equal to the Base Sum Insured.Coverage shall apply only to the Adventure Sports specifically listed under this Optional Cover. Participation must be non-professional, non-competitive, and undertaken purely for recreational purposes. The total benefit under this Optional Cover shall be an additional coverage equal to the base sum insured. The cover is not available in Value plan.

12. Personal Accident: We will pay You or Your Nominee / legal heir Sum Insureda specified percentage of the Sum Insured as stated in the Policy Schedule and subject to a maximum limit of the Sum Insured, up to a maximum limit of Rs.50 Lakhs, on occurrence of any Insured Event arising due to an Injury sustained by You during the Policy Year and SI claimed only once during Your lifetime. Once a claim becomes payable under this cover, no benefit will be provided under the same thereafter The cover is not available in Value plan.

13. Voluntary Deductible: The Insured Person has the choice to opt for Voluntary Deductible and avail subsequent discount on premium. In case Voluntary Deductible is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Deductible amount.

i. Voluntary Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year which fall under basic cover.

ii. The deductible will apply on individual basis in case of individual policy and on floater basis in case of floater policy.

iii. Voluntary Deductible once chosen cannot be modified mid-term. Modification of Deductible may happen only during Renewal subject to underwriting.

iv. Voluntary Deductible if chosen by the Insured Person(s) shall be applicable to all Basic Cover under the Policy except GetFIT, Tele-Consultations, Aura Points, Mind and mood recover plans.

v. If Voluntary deductible is chosen by the Insured Person(s) then they cannot avail the Smart returns optional cover.

vi. Optional Cover "Smart Returns" and "Voluntary Deductible" cannot be opted together.

14. Chronic Disease Management Program (Only Cashless Basis): If You have disclosed any of the following Illnesses and the same have been accepted by Us, then You shall be enrolled under Our Chronic Disease Management Program, which can be availed from our Service Provider on cashless basis: 1. Asthma
2. Diabetes
3. Hypertension
4. Hyperlipidemia
5. Obesity

Under this Chronic Disease Management Program, We shall provide You the following services:

i. Assistance in tracking health through Our Service Providers. ii. Assistance in availing a dietician and nutritional counseling.

iii. 2 pre-defined diagnostic health check-ups for the Illness specified above, with a gap of 6 months between each. The health checkups are in addition to cover under the Optional Cover - Health Check-up, if opted and specified in the Policy Schedule.

iv. Assistance in availing counselling for lifestyle modifications, such as quitting tobacco/alcohol etc. This is an inbuilt cover with in Value Plan.

Note: We reserve the right to modify, add, or restrict any / Network Providers/Service Providers at our sole discretion. You areadvised to check the updated list of Network Providers and Service Providers on Our website. We may introduce other illnesses under this Optional Cover. This is available only for Value plan.

15. Maternity Waiting Period Reduction Option : We will reduce the waiting period applicable under the Optional Cover - Maternity Benefit from 24 months to 12 months, subject to the following conditions:

i. This Optional Cover is available only at the time of opting for the Optional Cover - Maternity Benefit and only for the Sum Insured chosen at that time and as stated in the Policy Schedule.

ii. This Optional Cover must be continued for a minimum of 2 consecutive Policy Years.

iii. All the terms and conditions mentioned under the Optional Cover - Maternity Benefit shall be applicable to this Optional Cover.

iv. This cover is not applicable for Value plan.

WHAT WE WILL NOT PAY (EXCLUSIONS UNDER THE POLICY)

We will not be liable for any Deductible amount, if applicable and as specifically defined in the Policy Schedule under the Policy. We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

i. Standard Exclusion

1. 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 36 months of continuous coverage after the date of inception of the first policy with 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 relevant regulatory prescriptions, then waiting period for the same would be reduced to the extent of prior coverage subject to the norms on portability and migration.
d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified Disease/Procedure Waiting Period/Specific Waiting Period- Code- Excl02

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 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.
c. If any of the specified disease/procedure falls under the waiting period specified for preExisting 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 subject to norms on portability and migration.
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

3. 90-day Waiting Period

a. Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting
   i. Hypertension
   ii. Diabetes
   iii. Cardiac Conditions

b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c. The 90 day waiting period applies to the enhanced Sum Insured in the event of subsequent enhancements to the Sum Insured.

4. 30-day waiting period- Code- Excl03

Treatment of any Illness within 30 days from the first Policy start date, except covered claims arising due to an Accident.

a. This exclusion shall not apply if You have continuous coverage for more than 12 months.

b. The 30 day waiting period applies the enhanced Sum Insured in the event of subsequent enhancements to the Sum Insured.

5. 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.

6. 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.

7. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
   a. greater than or equal to 40 or
   b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

8. 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.

9. 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 necessary treatment 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.

10. 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, deep-sea diving.

11. 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.

12. Excluded providers: Code- Excl 11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the lnsurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
(The list of excluded providers/delisted hospitals is available on our website www.icicilombard.com and is timely updated.)

13. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl 12**

14. 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**

15. 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- Excl14**

16. **Refractive Error: Code- Excl15**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.

17. **Unproven Treatments: Code- Exel 16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment..

18. **Sterility and lnfertility: Code- Excl 17**
Expenses related to sterility and infertility. This includes :
   a. Any type of contraception, sterilization
   b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
   c. Gestational Surrogacy
   d. Reversal of sterilization

19. **Maternity: Code Excl18**
   i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
   ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

This exclusion will not be applicable in case optional Cover not be applicable in case optional cover Maternity Cover

20. 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.

21. 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.

22. Any expenses incurred on Out Patient treatment.

23. 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 implant(s) unless necessitated by an Accident or required intra-operatively.

24. 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.

25. Treatment taken outside the geographical limits of India

26. Personal comfort, cosmetics, convenience and hygiene related items and services

27. Acupressure, acupuncture, magnetic and other therapies

28. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.

29. Expenses for venereal disease or any sexually transmitted disease except HIV.

30. Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies

31. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)

32. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions

Discounts/Loading Factors:

1. Tenure discount

Tenure of policy	Discount percentage
2 years	10% discount on 2nd year premium
3 years	15% discount on 3rd year premium
4 years	15% discount on 4th year premium
5 years	15% discount on 5th year premium

2. **Referal Credits**: We provide a Referral credit points Discount benefit under the product, subject to the conditions below.
i. Discount for the Referred Customer:
A one-time discount of INR 500 shall be provided to the referred customer at the time of new policy purchase. This discount may be utilized only at policy inception and solely towards reduction of the premium. (Applicable only for policies.) ii.Discount for the Referring Customer:
An amount of INR 500 shall be credited to the referring customer after 30 days from the policy start date of the referred person, and only after the free-look period of the referred person's policy is over.
This amount may be utilized only for renewal premium payment of the referring customer's policy. A maximum of 5 referrals per Policy Year shall be permitted under this benefit.

3. **Zone based discount**

Zone	State/District	Discount/Loading on Premium
Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Haryana (excl. Faridabad, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal), Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district	No discount on premium
Zone B	Pune, Kolkata, Telangana (Incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand	10% discount on Zone A premium
Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region))	15% discount on Zone A premium
Zone D	Rest of NCR[Alwar, Bagpat, Bharatpur, Bulandshahr, Faridabad, Gautam Buddha Nagar excluding Noida, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal]	-12.5% loading on Zone A Premium

The premium will depend on Your city of residence and pincode. Please inform us immediately in case of any change in the same. Not doing so, may impact your claim admissibility

4. **Loading:**

We may apply a risk based loading on premium payable (based upon the declarations made and the health status of the person proposed for insurance). The maximum risk loading applicable shall not exceed 200% of base premium. This risk based loading will be applicable, to the extent as applied at the time of first policy, at renewals as well. We will not apply any additional loading at renewal based on claim experience. We will inform you about the applicable risk loading through a counter offer letter at the time of Your risk assessment before first policy. You need to revert to us with consent and additional premium, if any within 15 days of issuance of such counter offer letter. If You neither accept the counter offer letter nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid. Please note that We will issue policy only after getting Your consent.

How do I claim my insurance?

Cashless Basis

In case of emergency or planned Hospitalisation, use Your health ID card at our Network Provider and avail of cashless service OR You can seek pre authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. Cashless approval is subject to Pre-authorisation by Us.

Pre-authorization Prior to taking treatment and/ or incurring Medical Expenses at a Service Provider / Network Provider, You must contact Us or Our in house claim processing team accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holderthe Insured Person (if You are an Insured Person under a Family Floater Policy), nature of Illness or Injury, name and address of the Medical Practitioner / Hospital and any other information that may be relevant to the Illness / Injury / Hospitalizsation. You must request pre-authorization at least 48 hours before a planned Hospitalization and in case of an Eemergency situationCare, within 24 hours of Hospitalization.

To avail of Cashless Hospitalization Ffacility, you are required to produce the health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card, oOr You can seek pre- authorization by providing Your Policy number and ID proof to the Hhospital who can co-ordinate with Our claim team to provide a Ccashless Ffacility. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which Ccashless Hospitalization Ffacility is sought by You and We will confirm Your request in writing.

If You notify pre-authorization request for cashless facility through any of Our empaneled network Service Providers / Network Providers hospitals along with complete set of documents and& information, We will respond within 1 hour of the actual receipt of such pre-authorization request. Further, we shall grant final authorization within three 3 hours of the receipt of discharge authorization request from the hospital.

Reimbursement Basis

In case of reimbursement settlement, You should immediately notify Us about the claim by calling at the toll free number as specified in the Policy.. The claim will be processed within 15 days of receipt of claim along with following documents:

a. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from Our website www.icicilombard.com
b. Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
c. Original bills from chemists supported by proper prescription.
d. Original investigation test reports and payment receipts.
e. Indoor case papers
f. Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.
g. Any other document as required by Us or Our In house claim processing team to investigate the Claim or Our obligation to make payment for it

The relevant documents can be sent to

1st, 4th (Half), 5th and 6th floors,
Varun Towers- II, Opp. Hyderabad Public school,
Begumpet, Hyderabad,
District Hyderabad, Telangana
Pin code -500016.

Terms of Renewal

The Policy shall ordinarily be renewable, except on grounds of established fraud, non-disclosure of material facts, or misrepresentation by You,
provided the Policy is not withdrawn and also subject to moratorium conditions:

- Renewal shall not be denied on the ground that You had made a claim(s) in the preceding Policy Years.
- Request for renewal along with requisite premium shall be received by Us before the end of the Policy Period
- At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of
- benefits without Break in Policy. Coverage is not available during the Grace Period.
- For individual products, the loadings on renewal premium shall be at portfolio and not based upon any individual Policy claim experience.
- However, discount in premium may be provided by us to You for good claims experience.
- We will not carry out any fresh underwriting at renewal stage where there is no increase in the Sum Insured. Provided that where there is an improvement in the risk profile, the company may endeavor to recognize that for removal of loadings at the point of renewal.

- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change. Renewal premium may change basis the age of your's, Addition or deletion of any add-ons/optional covers, Change in any policy conditions such as – floater/ individual, change in zone opted, policy tenure, etc, Increase/ decrease in the Sum insured opted for, Change in any tax laws by the Government. Risk based loading (if any) on premium will be applicable from Policy Period Start Date including subsequent Renewal(s) with Us Lifetime renewability
- **Withdrawal of Policy:**

In the likelihood of this product being withdrawn in future, We will intimate You about the same 90 days prior to withdrawal of the Policy.You will have the option to migrate to a similar health Policy available with Us at the time of renewal with all the accrued continuity benefits, such as Green Flag Bonus and waiver of waiting period as per regulatory prescriptions, provided the Policy has been maintained without a Break in Policy. Grace Period *:*

The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 15 days in case premium is paid in monthly instalments and 30 days in all other cases from the expiry of the Policy. We will not be liable for any Claim which occurs during the Grace Period. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period

- **Cancellation -** You may cancel this policy by giving 7 days' written notice and in such an event, We shall:

i. Refund proportionate premium for unexpired Policy Period, if the term of the Policy is up to 1 year and claim was made during the Policy Period.

ii. Refund premium for the unexpired Policy Period, in respect of Policies with term more than 1 year and risk coverage for such Policy Years has not commenced. This shall not apply if a claim is paid using the Sum insured under the optional benefit "Tenure Glow Up".

Note: The abovementioned refund clause shall not be applicable for Policies with a free look period; Premium refund for cancellations during the free look period will be provided as per Free Look Period.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by You under the Policy.

The Company may cancel the policy at any time on grounds of established fraud/mis-representation/ non-disclosure of material facts by the insured person by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud.

If any of benefit or services are utilized under covers: teleconsultation, Mind & Mood Recover, Getfit, Aura Points then the same shall be considered as "claims" for the purpose of cancellation and accordingly no premium shall be refunded for that Policy year

- **Moratorium:** After completion of 60 continuous months of coverage (including portability and migration) under the Policy, no Policy and claim shall be contestable by Us except on grounds of established fraud. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever the Sum Insured is enhanced, completion of 60 continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.

- **Migration:** In case of migration of this Policy with Us, You can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous Policy to the migrated Policy. We may underwrite the proposal in case of migration, if You have not been continuously covered for 36 months.

Portability:

i. You have the choice to port your Policies from one Insurer to another. You shall apply to such insurer to port the entire policy along with all the members of Your family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. ii. You are entitled to transfer the credits gained to the extent of the Sum Insured and the benefits available in the previous Policy, subject to Our underwriting policy. iii. We will provide Your information to the new insurerin not more than 72 hours from receiving your request through the Insurance Information Bureau of India.

Premium Payment in instalments: If You have opted for payment of premium on an installment basis ie annually,half-yearly,quarterly, or monthly, as mentioned in the Policy Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. The grace period is 15 days where premium payment mode is on an installment basis, and 30 days in all other cases. We will offer coverage if the premium is paid in installments during the Policy Period.

ii. You will get the accrued continuity benefit in respect of the waiting periods, Specified Disease/ Procedure Waiting Period/ Specific Waiting Periods in the event of payment of premium within the stipulated grace period.

iii. No interest will be charged if the installment premium is not paid on the due date.

iv. If the installment premium due is not received by Us within the grace period, the Policy will get cancelled.

v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable. vi. We have the right to recover and deduct all the pending installments from the claim amount due under the Policy.

Renewal of policy: The Policy shall ordinarily be renewable, except on grounds of established fraud, non-disclosure of material facts, or misrepresentation by You, provided the Policy is not withdrawn and also subject to moratorium conditions:

i. Renewal shall not be denied on the ground that You had made a claim(s) in the preceding Policy Years. ii. Request for renewal along with requisite premium shall be received by Us before the end of the Policy Period iii. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

iv. For individual products, the loadings on renewal premium shall be at portfolio and not based upon any individual Policy claim experience. However, discount in premium may be provided by us to You for good claims experience.

v. You shall notify Us in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each renewal and We may adjust the scope of cover and/or premium, if necessary, accordingly

Policy Alignment Option: Policy alignment option will be available where you have two separate health indemnity policies with Us, having different policy end dates but want to align the policy start dates. We can align the policies by extending the coverage of one policy till the end date of the other policy. Such policies will be charged with premium on pro rata basis though the sum insured under the policy shall remain constant.

Free Look Period: Every insured ofUnder a new individual health insurance policiesPolicy, except for those Ppolicies with a tenure of less than a year, You shall be provided a free look period of 30 days beginning from the date of receipt of the Ppolicy document, whether received electronically or otherwise, to review the terms and conditions of such Ppolicy. If the insuredYou cancels the Ppolicy within the free look period, then the insuredYou 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 insurerUs on Your medical examination and stamp duty charges.

Endorsements: Any change in plan, add ons / optional covers opted may happen only during renewal subject to underwriting. The proposer may be changed only at the time of renewal. The proposer may be changed during the Policy Period only in case of his/her demise or him/her moving out of India. Mid- term endorsement of addition of member in the policy shall only be allowed for newly wedded spouse by marriage and new born baby with relevant documentation

Change of Sum insured: The Sum Iinsured can be changed (increased or/ decreased) only at the time of renewal or at any time, subject to Our underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

Nomination: You are required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. ln the event of Your death, the Company will pay the nominee {as named in the Policy Schedule/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives whose discharge shall be treated as full and final discharge of its liability under the policy.

Multiple Policies: ln case of multiple policies taken You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of his/herYour claim in terms of any of his/herYour policies. ln all such cases, the insurer chosen by You shall be treated as the primary iInsurer and shall be obliged to settle the claim, as long as the claim is within the limits of and according to the terms of the chosen policy.

Possibility of Revision of Terms of the Policy Including the Premium Rates

We reserve the right to revise or modify the terms of the policy including the premium rates.

- **Change of Sum Insured**

The Sum Insured can be increased or decreased only at the time of renewal or at any time, subject to Our underwriting. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

Grievance Redressal Procedure:

In case of any grievance, You may contact the Companyus through:
Website: www.icicilombard.com
Toll free number: 1800 2666
Email: customersupport@icicilombard.com
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.

lnsured personYou may also approach the grievance cell at any of the company'sOur branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/defaultsource/policy-wordings-product-brochure/final-gro-mapping.pdf.

lf you are not satisfied with the redressal of grievance, You may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com

lfYou are not satisfied with the redressal of grievance, You 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 You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: website: www.irdai.gov.in, or on the Company'sOur website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman.

Benefit Illustration

Annexure – A										
Benefit Illustration in respect of policies offered on individual and family floater basis										
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 (₹)
31		15,00,000				15,00,000				15,00,000
33		15,00,000				15,00,000				
Total Premium for all members of the family is ₹ xx when each member is covered separately.			Total Premium for all members of the family is ₹ xx when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ xx			
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 : a) 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. b) The Premium mentioned above are standard premiums for Zone A and 0% co-pay without considering any loading. It is subject to change if the selected Zone/voluntary co-pay is different at the time of issuance.										