

Vibe

Customer Information Sheet

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.	<u>Name of Insurance Product/Policy</u> Vibe <u>Plan</u> Rookie/BasicFit/Upgrade/Flex/GOAT	
2.	<u>Policy Number</u> XXXXX	
3.	<u>Type of Insurance Product/Policy</u> Both Indemnity and Benefit	
4.	<u>Sum Insured</u> Individual Sum Insured: ₹<> – Each member has their own separate cover. Floater Sum Insured: ₹<> – One shared cover for all members, usable by any or all	
5.	Policy Coverage (What is covered) Expenses in respect of: <u>Basic Covers: Sum Insured = SI</u> 1. In-Patient Treatment: Rookie Plan: Covers a Twin Sharing Room Basic Fit,Upgrade,Flex,GOAT Covers a Single Private AC Room - ICU charges covered up to SI.	c. i.1
	2. Day Care Procedures: Covered up to Annual SI.	c. i.2
	3. Technological Advancements & Treatments: Up to Annual SI.	c. i.3
	4. Pre-Hospitalisation Expenses: Covered for 60 days (Rookie plan) and 90 days (Basic Fit,Upgrade,Flex,GOAT).	c. i.4
	5. Post-Hospitalisation Expenses: Covered for 90 days (Rookie plan) and 180 days (Basic Fit,Upgrade,Flex,GOAT)	c. i.5
	6. In-Patient AYUSH Hospitalisation: Up to Annual SI	c. i.6
	7. ReVibe Benefit: Future claims receive a 100% restoration of the Sum Insured once per policy year for covered illnesses once a policy year for Rookie Plan and Unlimited times for Basic Fit,Upgrade,Flex,GOAT . Cannot be used in first claim.	c. i.7
	8. Domestic Road Ambulance: Covered up to SI, payable only if an inpatient claim is payable.	c. i.8
	9. Green Flag Bonus: - Rookie, BasicFit, Upgrade Plan: 20 % per policy year max upto to 100 % - Flex & GOAT Plan: 50 % per year up to 300 %	c. i.9
	10. Tele-Consultations: Unlimited 24x7 consultations, accessible exclusively via the mobile application.	c. i.10
	11. GetFIT: Provides an annual network gym membership for insured members aged 18 and above. If ILTakeCare mobile app is downloaded and 5,000 steps recorded.	c. i.11

	12. Aura Points: Monthly accrued points redeemable across listed benefits and services namely Vision, Dental, Physical consultations, Diagnostics services, Pharmacy and Membership in sports club 13. Mind & Mood Recover: Cashless individual mental health counselling sessions (or video consultations if network unavailable) from Day 1 at ₹1,000 per session, up to specified limits Add-on Covers (Applicable for the Insured): - 1. Smart Returns: - Keep your policy active without making claims for any 5 policy years (these 5 years do not need to be in a row). - Claims for hospital stays (IPD), day-care procedures, modern treatments, or AYUSH treatments. - You will get a renewal discount equal to your very first year's base premium amount. 2. Claim Protector: Up to Annual SI 3. Health Check-up (For members aged 18 and above): Up to ₹0.5% of SI or ₹ 5,000, whichever is lower. 4. Tenure Glow Up: This feature allows you to use the total base cover amount of a multi-year policy at any time during your policy term. Using your coverage early reduces the amount available for future years of the policy period. 5. Spouse Care: Available only at policy inception under Upgrade, Flex, GOAT plans. Accrued bonuses, tenure access benefits and waiting periods will continue once spouse is added. Portability is not allowed under this cover. 6. Network Advantage: If opted, you get a 10% discount on your policy premium by receiving treatment at a network hospital. However, a 20% co-payment applies if you choose a non-PPN hospital. Check Network Hospital List 7. 2-Hour QuickFix: Covers hospitalisation for 2 hours or more (min. 24 hours for AYUSH treatment in an AYUSH hospital) up to the Annual SI. 8. Room Modifier: If opted, the insured has an option to modify the room rent eligibility to: • Any Room: Any room category without restriction. • Twin Sharing: A twin-sharing room. Not applicable for Rookie plan 9. Maternity Benefit: -Rookie, BasicFit, Upgrade Plan: Upto Rs. 50,000 -Flex and GOAT Plan: Up to Rs. 1 lakh over and above sum insured in policy subject to waiting period of 24 months from the time this cover is opted. Available under an Individual as well as family floater Policy. 10. New-Born Baby Cover: Covers newborn hospitalisation up to ₹2 Lakh or twice the maternity sum insured, whichever is lower. Vaccination (First Year): Upto ₹10,000 11. Maternity Waiting Period Reduction Option: Reduces the maternity waiting period from 24 months to 12 months. 12. Thrill Shield: Provides additional coverage equal to base SI for medical expenses resulting from accidental injuries sustained during listed adventure sports. 13. Personal Accident: Provides payment of lump sum amount up to SI (max. ₹50 Lakhs) 14. Voluntary Deductible: Options available from ₹50,000 to ₹5,00,000. (Note: This is an indicative list. Please refer the policy wording for complete understanding of the coverages)	c. i.12 c. i.13 Optional Covers c. ii.1 c. ii.2 c. ii. 3 c. ii. 4 c. ii. 5 c. ii.6 c. ii.7 c. ii.8 c. ii.9 c. ii.10 c. ii.11 c. ii.12 c. ii.13 c. ii.14
6.	Exclusions (What does the policy not cover) i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI): - 1. Code Excl04: Investigation & Evaluation. 2. Code Excl05: Rest cure, rehabilitation, and respite care.	d. i. 1 d.i.2

	3. Code Excl06: Obesity and weight control. 4. Code Excl07: Change-of-gender treatments. 5. Code Excl08: Cosmetic or plastic surgery. 6. Code Excl09: Hazardous or adventure sports. 7. Code Excl10: Breach of law. 8. Code Excl11: Excluded providers. 9. Code Excl12: Treatment for alcoholism, drug or substance abuse. 10. Code Excl13: Treatments received in health hydros, nature cure clinics, spas, 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. 11. Code Excl14: Dietary supplements and substances. 12. Code Excl15: Refractive error. 13. Code Excl16: Unproven treatments. 14. Code Excl17: Sterility and infertility. 15. Code Excl18: Maternity (not applicable if Maternity Optional Cover is opted). <u>Specific Exclusions</u> 16. War, act of war, invasion, act of foreign enemy, or warlike operations. 17. Injuries/illness due to nuclear, chemical, or biological attack or weapons. 18. Outpatient treatment (except for Aura Points and Mind & Mood Recovery benefits). 19. Prosthesis, corrective devices, or external durable medical equipment (e.g., wheelchairs, crutches, sleep apnea devices, cochlear implants) unless due to an accident or required intra-operatively. 20. Preventive, diagnostic, restorative, or cosmetic treatment for natural teeth and gums, unless required during hospitalisation due to an accident. 21. Treatment taken outside India (unless Worldwide Cover is opted). 22. Personal comfort, cosmetics, convenience, and hygiene-related items and services. 23. Acupressure, acupuncture, magnetic, and other alternative therapies. 24. Circumcision, unless medically necessary to treat an illness or injury. 25. Venereal disease or any sexually transmitted disease (except HIV). 26. Screening, counselling, or treatment for external birth defects or external congenital conditions. 27. Intentional self-injury or suicide attempts. 28. Any condition, treatment, or service specifically excluded under Special Conditions in the Policy Schedule.	d.i.3 d.i.4 d.i.5 d.i.6 d.i.7 d.i.8 d.i.9 d.i.10 d.i.11 d.i.12 d.i.13 d.i.14 d.i.15 d. ii. d.ii.16 d.ii.17 d.ii.18 d.ii.19 d.ii.20 d.ii.21 d.ii.22 d.ii.23 d.ii.24 d.ii.25 d.ii.26 d.ii.27 d.ii.28
7.	<u>Waiting Period</u> Time period during which specified diseases/treatments are not covered. Counted from policy inception. • Initial: 30 days for all illnesses (except injury-related hospitalisation). • Specific: 24 months for listed illnesses/treatments (not applicable for accidents; see <u>policy clauses</u>). • Pre-Existing Diseases (PED): 36 months of continuous coverage for declared and accepted conditions. • Hypertension, Diabetes & Cardiac Conditions: 90 days (unless declared as pre-existing diseases). • Maternity cover waiting period: 24 months. • New Born baby Cover waiting period: 24 months	d. i. 4 d. i. 2 d. i. 1 d. i. 3 c. ii. 9 c. ii. 10
8.	<u>Financial limits of coverage</u> • <u>Sub-limit</u> (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) The policy will pay only up to the limits specified hereunder for In-Patient Treatment – Room rent charges up to eligible room category as per plan opted	c.i.1

	<u>Add-on Covers (As opted by the you): -</u> Maternity Benefit Cover: Up to 3 deliveries in a lifetime. -Rookie, BasicFit, Upgrade Plan : Upto Rs. 50,000 -Flex and GOAT Plan : Up to Rs. 1 lakh Newborn Baby Cover: Hospitalization: Lower of twice the SI of maternity benefit cover, or 2Lakh; Vaccination expenses up to 10,000 Personal Accident Cover: Fixed lump sum payment up to SI (max ₹50 Lakh), for insured events - Accidental Death: 100% of SI - Permanent Total Disablement (PTD): Up to 100% of SI - Permanent Partial Disablement (PPD): Up to 75% of SI Room Modifier: Option to modify room rent eligibility: - To any room category (no restriction) - To Twin sharing room Deductible (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from the total claim amount): Voluntary Deductible: Ranges from ₹50,000 to ₹5,00,000 (refer to Policy Schedule for your opted limit). Applies on an aggregate basis for all basic hospitalization within the policy year. <u>Any other limit (as applicable):</u> Not Applicable	c.ii.9 c.ii.10 c.ii.13 c.ii.8 c.ii.14
9.	<u>Claims/claims procedures</u> Cashless Claims (at Network Hospitals): - Show health card & ID at hospital during admission. - Hospital sends pre-authorization request with documents. - Request is reviewed as per policy terms. - Approved amount is paid directly to the hospital. - Track claim on IL TakeCare app or WhatsApp. Timelines (subject to complete submission of all required documents): - Initial response within 1 hour of request - Final approval within 3 hours of discharge request Reimbursement Claims: - Pay for treatment at a non-network hospital and collect all documents. - Submit claim via IL TakeCare app, WhatsApp or our Website. - Claim processed within 15 days of receiving complete documents. - Approved amount is reimbursed to you. - Track status on app or WhatsApp. Important Points: - For cashless hospitalisation in non-network hospital inform 48 hrs before planned admission or within 24 hrs in emergencies. “Anywhere Cashless” available on ILTake Care App (8AM-8PM, Mon–Sat not on public holidays), via email at healthassistance@icicilombard.com or web link: https://ilhc.icicilombard.com/Home/healthassistance.	f. (Other terms and conditions) f.I.1. (Other terms and conditions)

	- Non-medical expenses are not covered. - Network hospital list available on website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or The ILTC App. - Excluded/Delisted hospital list: https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf Documents Required: - Filled & signed claim form - Original bills, receipts & discharge summary - Prescriptions & pharmacy bills - Test reports & payment receipts - Indoor case papers - Referral letter (for non-accident cases) - Any additional documents if required Support: - Use IL TakeCare app / WhatsApp - Customer care: 18002666 or email at customersupport@icicilombard.com - Claim form available on website https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	
10.	Policy Servicing For any policy-related help, you can: - Call us at 18002666 or email us at customersupport@icicilombard.com - Use the IL TakeCare App - Chat on WhatsApp with RIA on 773828666 For more details, visit: www.icicilombard.com/customer-support	
11.	Grievances/Complaints If you have any concerns, you can contact us via: - Website: www.icicilombard.com - Toll-free: 18002666 - Email: customersupport@icicilombard.com - Visit any of our branches <i>Senior citizens can use the IVR helpline for dedicated support.</i> If not satisfied, you may: - Contact the Grievance Officer: https://service.icicilombard.com/GrievanceRedressal/GrievanceRedressalStep1 - If not satisfied you can approach IRDAI via Bima Bharosa: https://bimabharosa.irdai.gov.in/ or call 1800 4254 732 / 155255. If not still satisfied, contact the Insurance Ombudsman (details on IRDAI website www.irdaindia.org, or on the Company's website or on www.icicilombard.com).	e.15. General terms and conditions
12.	Things to remember Free Look cancellation: You can review your policy within 30 days of receiving it (for policies ≥ 1 year). If cancelled within this period, premium is refunded after deducting charges for coverage period, medical tests (if any), and stamp duty.	e.5. General terms and conditions

	To cancel your policy, contact us through our website www.icicilombard.com, our toll-free no. 1800 2666, or email customersupport@icicilombard.com. Policy renewal: Your policy will be renewed unless there is fraud, misrepresentation, or non-disclosure, and subject to policy terms. Migration and Portability: - You can port your policy from one insurer to another. - Credit for waiting periods and benefits can be carried forward up to the existing Sum Insured, based on company underwriting discretion. - The company will review and respond within timelines after receiving details from the previous insurer. - Not applicable for any increase in Sum Insured. - You may also migrate to other health plans offered by the company. If continuous coverage is less than 36 months, the proposal may be underwritten. Change in Sum Insured: Sum Insured can be increased or decreased at renewal or during the policy term, subject to underwriting. Waiting periods will apply to the increased amount. Zone Based Pricing: Premium will be computed basis the zone chosen by the Insured Person. A zone-based co-payment will apply if treatment is taken in a higher zone. Moratorium Period: After 60 continuous months of coverage (including portability/migration), claims cannot be rejected for non-disclosure or misrepresentation, except in cases of fraud. This applies to the original Sum Insured. For any increase, the 60-month period applies separately from the date of increase.	e.7. General terms and conditions e. 9, e.10. General terms and conditions e.27. General terms and conditions e.17. General terms and conditions e.12. General terms and conditions
13.	<u>Your Obligations</u> - Declare all pre-existing conditions when buying the policy. Non-disclosure may lead to claim rejection. - Any misrepresentation, non-disclosure, fraud, or non-cooperation can make the policy void. In such cases, all benefits are cancelled and premiums may be forfeited.	e. General terms and conditions

Declaration by the Policyholder:

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

Place:

Date: _____

Signature of the Policyholder

NOTE: The information must be read in conjunction with the policy brochure and document. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

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