**Name: ICICI Lombard General Insurance Company Ltd**
**Registration no: 115**

| S. No. | Particulars | Description |
|---|---|---|
| 1 | **Name of Insurance Product / Policy** | Elevate |
| 2 | **Unique Identification Number (UIN)** | ICIHLIP26054V052526 |
| 3 | **Type of Insurance Product / Policy-** | Indemnity (Both CI & PA benefit covers filed as an add on) |
| 4 | **Policy Coverage (What the policy covers?)** | **Basic covers:**<br>• In-patient Treatment<br>• Day care Procedures/Treatment<br>• Modern treatments<br>• Pre-Hospitalization Medical Expenses<br>• Post-Hospitalization Medical Expenses<br>• In patient AYUSH Hospitalization<br>• Domestic Road Ambulance<br>• Donor expenses<br>• Domiciliary Hospitalization<br>• Loyalty Bonus<br>• Reset benefit<br>• Bariatric surgery<br>• In Patient Treatment for Surrogate Mothers<br>• In Patient Treatment for Oocyte donor<br>• Wellness program<br><br>**Optional covers:**<br>• Infinite Care<br>• Power Booster (Super Loyalty Bonus)<br>• Jumpstart<br>• Chronic Disease Management Program<br>• Maternity Benefit<br>i. Maternity Expenses<br>ii. New Born Baby Cover<br>iii. Vaccinations for new born baby in the first year<br>• BeFit<br>• Worldwide cover<br>• Claim protector<br>• Inflation Protector<br>• Domestic Air Ambulance Cover<br>• Convalescence benefit<br>• Nursing at home<br>• Compassionate visit<br>• Health Check-Up<br>• Critical Illness<br>• Personal Accident<br>• Voluntary co-payment<br>• Voluntary deductible<br>• Dependent accommodation benefit<br>• Durable medical equipment cover<br>• Tele consultations<br>• Waiting Period Reduction Option<br>• Maternity Waitng Period Reduction Option<br>• Specific Illness Waiting Period Reduction Option<br>• Worldwide Cover Waiting Period Reduction Option<br>• Room mdifier<br>• Network Advantage<br>• 2 Hour Hospitalization<br>• Senior care value added services<br>• Vital Essence<br>• NRI Advantage Cover |
| 5 | **Exclusions and limitations (What the policy does not cover)** | i. Waiting periods: 30 days for illnesses (accidents excluded), 24 months for specified diseases/ procedures, 36 months for accepted pre-existing diseases, and 90 days for hypertension, diabetes and cardiac conditions unless disclosed as pre-existing. Optional covers may have separate waiting periods. |

| | | |
|---|---|---|
| | | ii. Standard exclusions include investigation/ evaluation only, rest cure/ rehabilitation, obesity treatment not meeting stated criteria, change-of-gender treatment, cosmetic/ plastic surgery except specified medically necessary circumstances, professional hazardous sports, breach of law, excluded providers, alcohol/ drug abuse, hydrotherapy/ nature cure, dietary supplements, refractive error below 7.5 dioptres, unproven treatment, sterility/ infertility, and maternity unless the Maternity Benefit is opted.<br>iii. Specific exclusions include war and nuclear/ chemical/ biological events, OPD treatment unless BeFit is opted, dental treatment except specified accident-related hospitalization, treatment outside India unless Worldwide Cover is opted, personal comfort/hygiene items, acupressure/ acupuncture/ magnetic therapies, circumcision unless medically necessary, certain congenital conditions, intentional self-injury, and exclusions stated in the Policy Schedule.<br>iv. Coverage is subject to room-rent eligibility, applicable sub-limits, co-payment/deductible selected, non-payable items, medical necessity, reasonable and customary charges, and all policy terms. Refer to the Policy Wording and Policy Schedule for the complete list. |
| **6** | **Documents required for issue of policies** | i. Duly completed and signed proposal form and declarations, including complete medical history and disclosure of all pre-existing diseases/ conditions.<br>ii. KYC documents and verifications as applicable, including identity, address, age and recent photograph; PAN/Form 60 and bank details where required under applicable rules.<br>iii. Pre-policy medical examination reports or additional medical/financial information, if requested during underwriting.<br>iv. Previous policy and continuity/ portability documents, where continuity benefits, migration or portability are requested.<br>v. For specific options, supporting documents such as NRI/OCI and overseas residence proof, nominee details, and relationship/ age proof of insured members, as applicable.<br>vi. Final requirements remain subject to underwriting, product eligibility and applicable KYC/ AML guidelines. |
| **7** | **Basic documents and verifications required for claim settlement** | i. Duly completed claim form signed by the insured/ policyholder and Medical Practitioner, along with policy number, health card and valid photo identity proof.<br>ii. Original hospital bills, receipts, discharge summary/ certificate/ card and itemised final bill.<br>iii. Original pharmacy bills supported by prescriptions; investigation reports and payment receipts; indoor case papers.<br>iv. Medical Practitioner referral/ admission advice for non-accident hospitalization and relevant consultation/ treatment records.<br>v. For cashless claims, hospital pre-authorization form and supporting clinical documents. Notify at least 48 hours before planned hospitalization or within 24 hours of emergency hospitalization.<br>vi. NEFT/ bank details, KYC verification and any other document required to assess admissibility or investigate the claim. Reimbursement claims are processed within 15 days after receipt of the complete claim form and documents, as stated in the policy. |
| **8** | **FAQ** | Link provided for FAQ : https://www.icicilombard.com/health-insurance/elevate-health-policy?opt=elevate&source=nav |