# KEY INFORMATION SHEET

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Title</th>
<th>Description</th>
<th>Refer To Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Product Name</td>
<td>iHealth (ICICI Lombard Complete Health Insurance)</td>
<td>Part II of the Schedule Clause 2. Scope of the Cover</td>
</tr>
<tr>
<td>2.</td>
<td>What am I covered for</td>
<td>Benefit as per Sum Insured Opted:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sum Insured (₹)</td>
<td>2 lacs</td>
<td>3 lacs/ 4 lacs</td>
</tr>
<tr>
<td>In Patient treatment</td>
<td>Covers Hospital expenses for admission longer than 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre &amp; Post Hospitalisation</td>
<td>Medical Expenses incurred due to Illness up to 30 days period immediately before and 60 days immediately after an Insured Person’s admission to a Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Care Procedure</td>
<td>Medical expenses for day care procedures where such procedures are undertaken by an Insured Person as In-patient in a Hospital for continuous period of less than 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Patient AYUSH Hospitalisation</td>
<td>Reimbursement of expenses for AYUSH treatment</td>
<td>Extension HC 5 - Domestic Road Emergency Ambulance Cover</td>
<td></td>
</tr>
<tr>
<td>Domestic Road Emergency Ambulance</td>
<td>Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital. Maximum amount payable is ₹ 1,500 per event of emergency hospitalisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover for Pre Existing disease</td>
<td>After 4 Years</td>
<td>After 2 Years</td>
<td></td>
</tr>
<tr>
<td>Wellness Program</td>
<td>Applicable</td>
<td>Extension HC 19 - Wellness Program Extension HC 20 - Reset Benefit</td>
<td></td>
</tr>
<tr>
<td>Reset Benefit</td>
<td>Not Applicable</td>
<td>Applicable</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Optional Add On Covers</td>
<td>Hospital Daily Cash</td>
<td>Extension HC 2 - Hospital Daily Cash</td>
</tr>
<tr>
<td></td>
<td>Allowance per day for hospital stay of minimum 3 consecutive days or more up to a maximum of 10 consecutive days.</td>
<td>₹ 500 per day</td>
<td>₹ 1,000 per day</td>
</tr>
<tr>
<td>Convalescence Benefit</td>
<td>₹10,000 provided once for each Policy year during Policy Period, in case of Hospitalisation of minimum 10 consecutive days or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Illness</td>
<td>Critical Illness cover for specified critical illnesses/medical procedures like Cancer of specified severity, open chest CABG, First heart attack, major organ/bone marrow transplant, permanent paralysis of limbs, Kidney failure requiring regular dialysis, end stage liver disease; subject to a maximum of 2 adults.</td>
<td>NA</td>
<td>100% of policy SI</td>
</tr>
<tr>
<td>Donor Expenses</td>
<td>Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Insured persons, subject to a maximum of 2 adults</td>
<td>NA</td>
<td>Up to ₹ 50,000</td>
</tr>
<tr>
<td>4.</td>
<td>Value Added Services</td>
<td>Free health check-up coupon to Insured for every Policy Year, subject to a maximum of 2 coupons per year for floater policies.</td>
<td>Extension HC 17 - Value Added Services</td>
</tr>
<tr>
<td></td>
<td>Online Chat with Medical Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist e-Consultation with One Follow-up session</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diet &amp; Nutrition e-consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sr. No.</td>
<td>Title</td>
<td>Description</td>
<td>Refer To Policy</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td><strong>What are the major Exclusions in the Policy</strong></td>
<td>Note: Following is an indicative list of the policy exclusions. Please refer to the policy clause for the complete list.</td>
<td>Part II of the schedule Clause 3.5 Permanent Exclusions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Acupressure, acupuncture, magnetic and such other therapies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Unproven experimental treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any expenses arising out of Domiciliary Treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Treatment taken outside the country</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cosmetic surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Venereal diseases or any sexually transmitted diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dental treatment unless due to accident</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td><strong>Waiting Period</strong></td>
<td>(a) <strong>Pre-existing diseases</strong>: Covered after 24 months (48 months, for plans with Sum Insured up to 2Lacs) of continuous coverage.</td>
<td>Part II of the schedule Clause3.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) <strong>Specific waiting period</strong>: First 24 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing)</td>
<td>Clause3.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c) In case of hypertension, diabetes and cardiac conditions, the waiting period will be 90 days unless disclosed as pre-existing</td>
<td>Clause3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(d) <strong>Initial waiting period</strong>: 30 days for all illnesses (except Hospitalisation due to injury).</td>
<td>Clause3.4</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Payout Basis</strong></td>
<td>• Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover</td>
<td>Part II of the schedule 4. Claim Administration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Claim Service Guarantee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cashless Facility available at over 4000+ network hospitals.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td><strong>Sub Limit</strong></td>
<td>(a) Cataract, where sub-limit of ₹ 20,000/- is applicable per eye per Policy year for Plans with Sum Insured up to 5Lacs. Sub limit of ₹ 1,00,000 per eye per Policy year will be applicable for cataract treatment for plans with Sum Insured above ₹ 5Lacs</td>
<td>Part II of the schedule Clause 3.2 Extension HC 15: SubLimit on Medical Expenses/ Illness/ Surgeries/ Procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Sub limit options of A and B available for Sum Insured option 2 lacs and Sub limit C option is available for 3 lacs/4 lacs/ 5 lacs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c) No Sub limits applicable on Sum Insured 7lacs/ 10lacs.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td><strong>Renewal Condition</strong></td>
<td>(a) Maximum renewal age - There will be life-long renewable without any age restriction for the cover. However Premium at the time of renewal is subject to change with change in age band.</td>
<td>Part III of the schedule 18. Renewal notice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Grace Period - The renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than 30 days (Grace Period) from the expiry of the Policy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c) Floater Benefit - The floater benefit under this policy is available up to lifetime</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td><strong>Renewal Benefits</strong></td>
<td>(a) Cumulative Bonus (Additional Sum Insured) - An Additional Sum Insured of 10% of Annual Sum Insured provided on each renewal for every claim-free year up to a maximum of 50%. In case of a claim under the policy, the accumulated Additional Sum Insured will be reduced by 10% of the Annual Sum Insured in the following year.</td>
<td>Part II of the schedule 2. Scope of the Cover Extension HC 17: Value Added Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Complimentary Health Check Up Coupons: One coupon per individual policy and two coupons per Floater policy will be offered.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td><strong>Cancellation</strong></td>
<td>a) Disclosure to information norm: The policy shall be void and all premium paid hereon shall be forfeited to the company, in the event of misinterpretation, mis-description or non-disclosure of any material fact.</td>
<td>Part III of the schedule 13. Cancellation/ Termination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period.</td>
<td></td>
</tr>
</tbody>
</table>
POLICY WORDINGS

ICICI Lombard General Insurance Company Limited ("We/ Us"), having received a Proposal and the premium from the Policy Holder named in Part I of this Policy (hereinafter referred to as the "Policy Schedule") and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by Us and the Policy Holder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Policy Schedule, and further, subject to the terms and conditions contained in this Policy that on proof to Our satisfaction of the compensation having become payable as set out in the Policy Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Annual Sum Insured/ appropriate benefit amount will be paid by Us.

PART II OF THE POLICY

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Extensions/Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident means a sudden, unforeseen and involuntary event caused by external, and visible and violent means.

Admission means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an injury and/or illness.

AYUSH treatments refers to the medical aid and/or hospitalisation treatments given under ‘Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criteria:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criteria:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

Annual Sum Insured means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Break in Policy occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body
ii. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body

Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent preauthorization approved.

Claim means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Day Care Treatment refers to medical treatment, and/or Surgical Procedure which is:

i. Undertaken under General or Local Anesthesia in a Hospital/ Day care centre in less than 24 hrs because of technological advancement, and
ii. Which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;

Claim settled under the Policy.

Policy Schedule means the contents of the Policy Schedule, or any revision thereof, and any documents referred to therein having been accepted and agreed to by Us and the Policy Holder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Policy Schedule, and further, subject to the terms and conditions contained in this Policy that on proof to Our satisfaction of the compensation having become payable as set out in the Policy Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Annual Sum Insured/ appropriate benefit amount will be paid by Us.

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Extensions/Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident means a sudden, unforeseen and involuntary event caused by external, and visible and violent means.

Admission means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an injury and/or illness.

AYUSH treatments refers to the medical aid and/or hospitalisation treatments given under ‘Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criteria:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criteria:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

Annual Sum Insured means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Break in Policy occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body
ii. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body

Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent preauthorization approved.

Claim means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Day Care Treatment refers to medical treatment, and/or Surgical Procedure which is:

i. Undertaken under General or Local Anesthesia in a Hospital/ Day care centre in less than 24 hrs because of technological advancement, and
ii. Which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;

Claim settled under the Policy.
iii. has fully equipped operation theatre of its own where surgical procedures are carried out. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**Deductible** is a cost sharing requirement under a health insurance policy that provides that We will not be liable for specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policy, which will apply before any benefits are payable by Us. This is to clarify that a deductible does not reduce the sum insured.

**Disclosure to information Norm** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

ii. The patient takes treatment at home on account of non-availability of room in a hospital.

**Dental treatment** Dental treatment implants means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**Emergency care** is management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and require immediate care by a medical practitioner to prevent death or serious long term impairment of insured's personal health.

**Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which no premium is received.

**Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a Medical Practitioner including the issue of any prescription or repeat prescription.

**Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care and consecutive hours except for specified Day Care procedures/Treatments, where such admission could be for a period of less than or equal to 24 consecutive hours.

**Illness** means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

i. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his/her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

ii. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:-

   - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
   - it needs ongoing or long-term control or relief of symptoms;
   - it requires your rehabilitation or for you to be specially trained to cope with it;
   - it continues indefinitely.

**Injury** means any accidental physical bodily harm occurring during the Policy Period, excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**Inpatient care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

**Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**Insured/ Insured Person(s)** means the individual(s) whose name(s) is/are specifically appearing as such in the Policy Schedule and is/are hereinafter referred as "You"/"Your"/"Yours"/"Yourself".

**Maternity Expenses shall include** -

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);

ii. Expenses towards lawful medical termination of pregnancy during the policy period.

**Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical.

**Medically necessary** is defined as any treatment, tests medication or stay in hospital or part of a stay in Hospital which

i. Is required for the medical management of the illness or Injury suffered by the insured

ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
Pre-existing Disease means

(a) That is/ are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or

(b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

(c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition

Post Hospitalisation Medical Expenses means medical expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and

ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

Pre Hospitalisation Medical Expenses means medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and

ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Senior Citizen means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

Unproven/Experimental treatment means any treatment including drug experimental therapy which is not based on established medical practice in India.

You/ Your/ Yours/ Yourself means the person(s) that We insure and is/ are specifically named as Insured/ Insured Person(s) in the Policy Schedule.
We/ Our/ Ours/ Us means the ICICI Lombard General Insurance Company Limited.

2. WHAT WE WILL PAY (SCOPE OF COVER)

A) In-patient Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy - year, You require Hospitalisation for any Illness or Injury on the written advice of a Medical Practitioner, then We will indemnify the Medical Expenses so incurred by You.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

B) Day Care Procedures/Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy - year, You require Hospitalisation as an inpatient for less than 24 hours in a Hospital (but not in the outpatient department of a Hospital) on the written advice of a Medical Practitioner, then We will pay You for the Medical Expenses incurred for undergoing such Day Care Procedure/ Treatment or surgery, (as is mentioned in the list of Day Care Procedures/ Treatments annexed to this Policy and also available on our website www.icicilombard.com).

However, Our total liability under this cover for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

C) Pre-Hospitalisation and Post-Hospitalisation Expenses

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed hereon that, We will compensate You for the relevant Medical Expenses incurred by You in relation to:

i. Pre-hospitalisation Medical Expenses incurred by You for a 30-day period immediately prior to Your Hospitalisation; and

ii. Post-hospitalisation Medical Expenses incurred by You for a 60-day period immediately post Hospitalisation, provided that Your Hospitalisation falls within the Policy year and We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy. However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

D) In Patient AYUSH Hospitalisation - We will reimburse expenses for AYUSH treatment only when the treatment has been undergone in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

We will not cover expenses for hospitalisation done for evaluation or investigation only. Treatment taken at a healthcare facility which is not a Hospital are also excluded.

E) Additional Sum Insured (Cumulative Bonus) - It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, at the time of renewal of this Policy, We will provide an additional sum insured (Cumulative Bonus) provided that there is no Claim under this Policy.

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Additional Sum Insured as a percentage of Annual Sum insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>For all insured persons</td>
<td></td>
</tr>
<tr>
<td>For each completed and continuous Policy Year subject to a maximum of 50%</td>
<td>10%</td>
</tr>
</tbody>
</table>

However, in the event of a Claim under the Policy during any subsequent Policy year, the accrued Additional Sum Insured will be reduced by 10% of the Annual Sum Insured at the time of renewal of this Policy. This extension is also subject to the following:

In relation to a Floater Benefit cover, the Additional Sum Insured so accrued during the Claim-free Policy year(s) will also be on floater basis and will only be available to those Insured Person(s) who were insured in such Claim-free Policy year(s) and continue to be insured in the subsequent Policy.

3. 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:

3.1 Code- Excl01: Pre-Existing Diseases

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months (48 months for plans with Sum Insured up to 2Lacs) 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 norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 24 months (48 months for plans with Sum Insured up to 2Lacs) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3.2 Code- Excl02: Specified disease/procedure waiting period

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 pre-Existing 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.

List of specific diseases/procedure:

- Cataract*
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy unless because of malignancy
- All types of Hernia, Hydrocele
- Fissures &/or Fistula in anus, hemorrhoids/piles
- Arthritis, gout, rheumatism and spinal disorders
- Joint replacements unless due to accident
- Sinusitis and related disorders
- Stones in the urinary and biliary systems
- Dilatation and curettage, Endometriosis
- All types of Skin and internal tumors/ cysts/nodules/polyps of any kind including breast lumps unless malignant
- Dialysis required for chronic renal failure
- Surgery on tonsils, adenoids and sinuses
- Gastric and Duodenal erosions & ulcers
- Deviated Nasal Septum
- Varicose Veins/ Varicose Ulcers
- All types of internal congenital anomalies/ illness/defects

* After two years from the Period of Insurance Start Date, Our maximum liability arising out of any Claim for a cataract treatment shall not exceed ₹ 20,000 per eye, during each Policy Year of the Policy Period for plans with Sum Insured up to ₹ 5Lacs. Sub limit of ₹ 1,00,000 per eye per Policy year will be applicable for Cataract surgery for plans with Sum Insured above ₹ 5Lacs.

In case the above Illnesses are Pre-existing condition(s) at the commencement of this Policy, then these Illnesses shall be covered after 24 months (48 months for plans with Sum Insured upto 2 Lacs) of continuous coverage has elapsed, since Period of Insurance Start Date.

3.3 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 within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

3.4 Code- Excl03: 30-day waiting period

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently months (48 months for plans with Sum Insured up to 2 Lacs)

3.5 Permanent Exclusions

Unless covered by way of an appropriate Extension/Endorsement, 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 Code- Excl04: Investigation & Evaluation

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.

ii Code- Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care-

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.

iii Code- Excl06: Obesity/ Weight Control

Expenses related to the surgical treatment of obesity that does not fulfill 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

   iv Code- Excl07: Change of Gender treatments

   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

   v Code- Excl08: Cosmetic or plastic Surgery

   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.

   vi Code- Excl09: Hazardous or Adventure sports

   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, parajumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

   vii Code- Excl10: Breach of law

   Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

   viii Code- Excl11: Excluded Providers

   Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

   ix Code- Excl12: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

   x Code- Excl13 : Treatments received in health 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.

   xi 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 hospitalisation claim or day care procedure.

   xii Code- Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

   xiii Code- Excl16: Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

   xiv Code- Excl17: Birth control, Sterility and Infertility: Expenses related to Birth Control, sterility and infertility. This includes:

      i. Any type of contraception, sterilization
     (i) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
     (ii) Gestational Surrogacy
      (iv) Reversal of sterilization

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

   xvi Any physical, medical or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions

   xvii 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.

   xviii Expenses incurred on dental treatment unless necessitated due to an Accident

   xix Personal comfort, cosmetics, convenience and hygiene related items and services

   xx Acupressure, acupuncture, magnetic and other therapies

   xxi Circumcision unless necessary for treatment of an illness or necessitated due to an Accident.

   xxii Treatment relating to birth defects and external congenital Illnesses or defects or anomalies
4. CLAIM ADMINISTRATION

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by each of You shall be conditions precedent to admission of Our liability.

Further, upon the discovery or happening of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to admission of Our liability. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalisation facility is sought by You and We will confirm Your request in writing.

B) For Reimbursement Settlement

i. You shall give notice to Us or Our in house claim processing team by calling the toll free number 1800 2666 as specified in the Policy provided to You and also in writing at Our address with particulars as below:
   • Policy number;
   • Your Name;
   • Your relationship with the Policyholder;
   • Nature of Illness or Injury;
   • Name and address of the attending Medical Practitioner and the Hospital;
   • Any other information that may be relevant to the Illness/Injury/Hospitalisation

ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

iii. You or someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalisation expenses, within 30 days from the completion of post-hospitalisation period) deliver to Us the documentation (written details of the quantum of any Claim along with all original supporting documentation) as more particularly listed in Claim documents section. However, in both the above cases i.e. 4.1 (A) & (B), You must take reasonable steps or measure to minimise the quantum of any Claim that may be covered under the Policy. If so requested by Us or Our in house claim processing team, You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our in house claim processing team considers reasonable and necessary. The cost of such examination will be borne by Us.

Settlement/Rejection of Claim - The settlement of claims would be done by Us within 30 days, after the receipt of last
b) For Cashless Claims:

4.3 Claim Service Guarantee

We provide You Claim Service Guarantee as follows:

a) For Reimbursement Claims: We shall make the payment of admissible claim (as per terms & conditions of Policy) OR communicate non-admissibility of claim within 14 days after You submit complete set of documents & information in respect of the claims. In case We fail to make the payment of admissible claims or to communicate non-admissibility of claim within the time period, We shall pay 1% interest over and above the rate defined as per IRDA (Protection of Policyholder's interest) Regulation 2017.

b) For Cashless Claims: If You notify per authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will respond within 4 hours of the actual receipt of such pre-authorization request with:

   a) Approval, or
   b) Rejection, or
   c) Query seeking further information

In case the request is for enhancement, i.e. Request for increase in the amount already authorized, We will respond to it within 3 hours.

In case of delay in response by Us beyond the time period as stated above for cashless claims, We shall be liable to pay ₹1,000 to You. Our maximum liability in respect of a single hospitalisation shall, at no time exceed ₹1,000.

We will not be liable to make any payments under this Claim Service Guarantee in case of any force majeure, natural event or manmade disturbance which impedes Our inability to make a decision or to communicate such decisions to You.

The service guarantee shall not be applicable for any cases delayed o account of reasonable apprehension of fraud or fraudulent claims or cases referred to/by any adjudicative forum for necessary disposal.

You may lodge claim separately for the hospitalisation claim, Pre-Post hospitalisation, optional covers, OPD etc. In such scenario, if delay happens beyond the time period as specified above, the interest amount calculated will be on the net sanctioned amount of respective transaction and not the total amount paid for the entire claim.

Any amount paid towards interest under Claim Service Guarantee will not affect the Sum Insured as specified in the Schedule.

If you are not eligible for 'Claim Service Guarantee' for the reasons stated above, We will inform the same to You, within 14 days in case of a) and within 4 hours in case of b) above.

5. SPECIAL CONDITIONS APPLICABLE TO THE POLICY

It is hereby declared and agreed that:

i. Any notice or declaration for Your attention shall be deemed served if sent by Us to the Policy Holder at his/her latest known address.

ii. Any payment due to You under this Policy shall be paid to the Policy Holder by Us. We shall not be responsible for any liability arising out of the Policy Holder’s delay or default in making payment to You. However, We also reserve Our right to pay the Claim directly to You or to the Hospital or to someone on Your behalf. The receipt by the Policy Holder/You or Hospital or someone claiming on Your behalf shall be considered as a complete discharge of Our liability against any Claim under the Policy.

iii. We shall have no liability under this Policy, once the Maximum Limit of Indemnity, as stated in the Policy Schedule, is exhausted by You.

iv. For any payment to be made by Us under any Claim arising under this Policy, We shall make the payment in India and in Indian rupees only.

Portability benefits:

If You were insured continuously and without a break under another Indian retail health insurance policy with any other Indian non-life Insurance company or stand alone health insurance company it is understood and agreed that:

a) You should provide Us with Your application and completed portability form with complete documentation atleast 45 days before the expiry of the present period of insurance, in case you wish to avail portability benefits

b) Portability benefit is available only at the time of renewal of the existing health insurance policy.
PART III OF THE POLICY General Terms and Conditions

1. Incontestability and Duty of Disclosure
The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You or any one acting on Your behalf to obtain any benefit under this Policy.

2. Reasonable Care
You shall take all reasonable steps to safeguard Your interests against any Injury or Illness that may give rise to the Claim.

3. Observance of terms and conditions
The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

4. Material change
You shall notify Us in writing of any material change in the risk in relation to the declarations 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.

5. Records to be maintained
You shall keep an accurate record containing all relevant medical records and shall allow Us to inspect such records. You shall exercise all necessary co-operation in obtaining the medical records from the Hospital, and furnish them, as We may require in relation to the Claim within reasonable time limit and within the time limit specified in the Policy.

6. No constructive Notice
Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our officials shall not be the notice to or be held to bind or prejudicially affect You notwithstanding subsequent acceptance of any premium.

7. Notice of charge etc.
We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to You or Your legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to Us.

8. Overriding effect of Part II of the Policy
The terms and conditions contained herein and in Part II of the Policy shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Policy, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part II of the Policy and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

9. Your duties on occurrence of loss
On the occurrence of any loss, within the scope of cover under the Policy You shall:

i. Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Policy.
10. Subrogation

You and any claimant under this Policy shall at no cost or expense to Us do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any Claim or loss under this Policy whether such acts and things shall be or become necessary or required by Us or otherwise before or after Your indemnification by Us. However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable.

11. Contribution

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

12. Fraudulent Claims

If any Claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a Claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

13. Cancellation/termination

(a) Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

(b) You may cancel the Policy during free look period (15 days from the date you receive the Policy ) in which case we will refund the premium paid subject only to a deduction of the expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges.

(c) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below, provided no claim has been payable on Your behalf under the Policy.

<table>
<thead>
<tr>
<th>Cancellation period</th>
<th>Refund % for 1 year tenure Policy</th>
<th>Refund % for 2 years tenure Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 1 month</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>From 1 month to 3 months</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>From 3 months to 6 months</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>From 6 months to 9 months</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>From 9 months to 12 months</td>
<td>0%</td>
<td>40%</td>
</tr>
<tr>
<td>From 12 months to 15 months</td>
<td>NA</td>
<td>30%</td>
</tr>
<tr>
<td>From 15 months to 18 months</td>
<td>NA</td>
<td>20%</td>
</tr>
<tr>
<td>From 18 months to 21 months</td>
<td>NA</td>
<td>10%</td>
</tr>
<tr>
<td>From 21 months to 24 months</td>
<td>NA</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

We may cancel the policy on grounds of misrepresentation, fraud, non-disclosure or non-cooperation of the insured, by giving You 15 days notice for the cancellation. There would be no refund of premium on cancellation by Us on grounds of misrepresentation fraud or non-disclosure. In case of non-cooperation of insured, policy will be cancelled with premium refund on pro rata basis.

14. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy Schedule. The cause of action can arise anywhere in the world in case of Personal Accident Cover (Extension HC 11), if available under the Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

15. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/ or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with the Laws of India and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

16. Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/ difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators.
21. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified, during normal business hours.

22. Grievances

In case You are aggrieved in any way, You should do the following

i. For resolution of any query or grievance, Insured may contact the respective branch office of The Company or may call us at toll free no. 1800 2666 or email us at customersupport@icicilombard.com or write to us at ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai-400025.

ii. If you are not satisfied with the resolution provided, you may approach us at the subsection "Grievance Redressal" on our website www.icicilombard.com (Customer Support section)

iii. In case Your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDA. Through IGMS You can register your complaint online and track its status. For registration please visit IRDA website www.irda.gov.in. If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

Extensions/Endorsements available under ICICI Lombard Complete Health Insurance Mandatory Extensions/Endorsements under the Plan

Extension HC 1: Floater Benefit

Floater Benefit means that the aggregate Maximum Limit of Indemnity, as specified in the Policy Schedule, is available to You or Your Immediate Family members, as covered under this Policy at the Policy Start Date, for any and all Claims made in aggregate during each Policy Year of the Policy Period.

It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You or Your Immediate Family members, for any and all Claims subject to the Maximum Limit of Indemnity, made in aggregate by You or Your Immediate Family members under the Floater Benefit, provided such Claim is admissible under the Policy.

For the purpose of this extension the term "Immediate Family" will include Your spouse, dependent children, brothers, sisters, and dependent parents, whose name(s) are specifically appearing as Insured Person(s) in the Policy Schedule.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 5: Domestic Road Emergency Ambulance Cover

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, We will reimburse You up to a maximum of ₹ 1500/- per Hospitalisation, for the reasonable expenses incurred by You on availing ambulance services offered by a Hospital or by an ambulance service provider for Your necessary transportation to the nearest Hospital in case of a life threatening emergency condition, provided however...
that, a Claim under this extension shall be payable by Us only when:

(i) Such life threatening emergency condition is certified by the Medical Practitioner, and

(ii) We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

**Extension HC 17: Value-Added Services**

Notwithstanding anything to the contrary in the Policy, We at your request will arrange for You or will facilitate You in availing any of the following additional services subject to a limit as specified in the Policy Schedule, on issuance or upon renewal of the Policy for a continuous period from Period of Insurance Start Date, as specified in the Policy Schedule, including but not limited to:-

- Free health check-up coupons to each insured for every Policy Year, subject to a maximum of 2 coupons per year for floater policies.
- Online Chat with Medical Practitioners
- Specialist e-consultation with One Follow-up session
- Diet & nutrition consultation

While deciding to obtain such value-added service, You expressly note and agree that it is entirely for You to decide whether to obtain these services and also to decide the use (if any) to which these services is to be put for

**Extension HC 19: Wellness Program**

Wellness program intends to promote, incentivize and reward You for Your healthy behavior through various wellness services. All the wellness activities as mentioned below make You earn wellness points which will be tracked by Us. You can redeem these wellness points as per Our redemption terms and conditions.

The wellness services and activities are categorized as below:

1. Manage and track Your health
   - Online Health Risk Assessment (HRA)
   - Medical Risk Assessment
   - Preventive Risk Assessment
2. Disease Management Services
3. Medical Concierge Services
4. Affinity to Wellness

**A. Manage & Track Your Health:**

**Online Health Risk Assessment (HRA)**

The Health Risk Assessment (HRA) questionnaire is a tool for evaluation of health and quality of life. It helps You review Your personal lifestyle practices which may impact Your health status. You can log into Your account on Our website www.icicilombard.com and take HRA. This can be undertaken once per policy year per insured person.

On taking online HRA test, You can earn 250 wellness points per insured, maximum up to 500 points per floater policy.

**Medical Risk Assessment**

We will reward You with wellness points on undergoing medical checkup, using complimentary checkup coupons provided with policy, anytime during the policy period. We will help You in getting the appointment fixed at Our empanelled centers or We will arrange home visit wherever necessary. You will be awarded 1,000 wellness points per insured, maximum up to 2,000 points per floater policy on undergoing these tests.

Second year onwards, if Your medical test results are in normal limits, additional 1,000 wellness points per insured, maximum up to 2,000 points per floater policy will be awarded for maintenance of health. We will communicate the findings of this assessment to You and advice You appropriately.

**Preventive Risk Assessment**

You can also earn wellness points by undergoing certain other diagnostic and preventive health check up (Specified in list given below or as suggested by Our empanelled medical experts) at any diagnostic centre at Your own expenses. You shall have to submit medical reports of these tests to Us.

List of Additional tests and corresponding wellness points per Policy Year:

<table>
<thead>
<tr>
<th>Test</th>
<th>For whom</th>
<th>Wellness Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart related screening tests (2D echo/ TMT)</td>
<td>Above 45 years</td>
<td>500</td>
</tr>
<tr>
<td>HbA1c / Complete lipid profile</td>
<td>Any age</td>
<td>500</td>
</tr>
<tr>
<td>PAP Smear</td>
<td>Females above age 45</td>
<td>500</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Females above age 45</td>
<td>500</td>
</tr>
<tr>
<td>Prostate Specific Antigen (PSA)</td>
<td>Males above age 45</td>
<td>500</td>
</tr>
<tr>
<td>Any other test as suggested</td>
<td>As suggested</td>
<td>500</td>
</tr>
</tbody>
</table>

**B. Disease Management Services**

In case Your medical tests indicate any health irregularities, We will help You track Your health through Our empanelled medical experts who will guide You in maintaining/improving Your health condition. We may also provide Dietician and nutritional counseling as per Your health condition.

**C. Medical Concierge Services**

You can also contact Us to avail the following services:

- Emergency assistance information such as nearest ambulance/hospital/blood bank etc.
- Second opinion provided through electronic mode: E-opinion (Second opinion) of an empanelled medical expert and/or agency.
- Referral for medical service provider, evacuation/repatriation services, home nursing care etc.

**D. Affinity to wellness**

We will provide You information on health and wellness training, online fitness portals, sporting events, various sports and
health related applications, latest fitness accessories through periodic communications like e-mailers, blogs, forums etc. and will reward You for undertaking any of the fitness & health related activities as given below.

List of Fitness initiatives and wellness points

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Wellness Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym/ Yoga membership for 1 year</td>
<td>2,500</td>
</tr>
<tr>
<td>Participation in Professional sporting events like Marathon/ Cyclothon/ Swimathon etc.</td>
<td>2,500</td>
</tr>
<tr>
<td>Participation in any other health &amp; fitness activity/ event organized by Us</td>
<td>2,500</td>
</tr>
</tbody>
</table>

You have to provide Us relevant receipts/ bills and/or certificates indicating participation and completion of these activities. These fitness centers, gym, yoga centers etc and the companies organizing these fitness initiatives should be legally registered entities as per rules, regulations as applicable by governing law.

As per the above mentioned activities, You can earn maximum 5,000 wellness points per insured, and maximum 10,000 wellness points per floater policy.

You can also earn 100 wellness points for each of the

- Quit smoking - based on Self declaration
- Share Your fitness success story
- On winning any Health quiz organized by Us

Redemption of Wellness Points

Each wellness point will be equivalent to ₹ 0.25. Wellness points not redeemed in the given policy year can be carry forwarded maximum up to 3 years from the date of awarding of these points, provided the policy is renewed continuously for subsequent 3 years. You can redeem these wellness points against outpatient medical expenses like consultation charges, medicine & drugs, diagnostic expenses, dental expenses, wellness & preventive care and other miscellaneous charges not covered under any medical insurance, through our Network providers, the list of which will be updated on our website www.icicilombard.com from time to time. In case cashless facility is not available for wellness points' redemption at these network centres, You can avail reimbursement by submitting relevant documents with Us.

Terms and conditions under wellness services

- Any information provided by You in this regard shall be kept confidential.
- You should notify and submit relevant documents, reports, receipts etc for various wellness activities within 60 days of undertaking such activity.
- For services that are provided through empanelled service provider, We are only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However You should consult Your doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Your discretion.
- There will not be any cash redemption against the wellness points.
- ICICI Lombard, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, is not responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Program.

Services offered are subject to guidelines issued by IRDA from time to time.

Extension HC 20: Reset Benefit:

For plans with Sum Insured ₹ 3lacs and above, We will reset up to 100% of the Sum insured once in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year, provided that:

- The total amount of reset will not exceed the Sum Insured for that policy year
- The reset amount can only be used for all future claims within the same policy year, not related to the illness/disease/ injury for which a claim has been paid in that policy year for the same person
- The claim will be admissible under the reset only if the claim is admissible as per section "Scope of cover" in part II of Policy Schedule.
- Reset will not trigger for the first claim
- For individual policies, reset Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
- Any unutilized reset Sum Insured will not be carried forward to subsequent policy year
- Such reset will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum insured was exhausted.
- For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of

1. The Sum Insured, and
2. Additional Sum Insured

Following extensions are being offered to You as optional covers under this product. These benefits are available w.r.t. the members, for whom these optional covers have been opted by You by paying additional premium.

Extension HC 2: Hospital Daily Cash

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, We will pay You a daily cash amount,
as stated against this Extension in the Policy Schedule, for each and every completed day of Hospitalisation up to a maximum of 10 consecutive days, if such Hospitalisation is at least for a minimum of 3 consecutive days and if it falls within the Policy Year. The Claim under this extension will be payable only if we have admitted Our liability under "In-patient Treatment" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 3: Convalescence Benefit

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You an amount of ₹ 10,000 if You are Hospitalized for a minimum period of 10 consecutive days, due to any Injury or Illness as covered under the Policy. This benefit is payable only once to an Insured Person during each Policy Year of the Policy Period.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 7: Donor Expenses

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will indemnify You up to an amount not exceeding ₹ 50,000 for the Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Your use and We have admitted Your Hospitalisation Claim under the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 8: Critical Illness Cover

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You the sum insured as stated against this Extension in the Policy Schedule, in case You are diagnosed as suffering from one or more of the Critical Illnesses for the first time in your life, during the Policy Period.

However, We will not make any payment if You are first diagnosed as suffering from a Critical Illness within 90 days of the Period of Insurance Start Date. This benefit can be availed by You only once during Your lifetime. No Claim under this Extension shall be admissible in case any of the Critical Illnesses is a consequence of or arises out of any Pre-Existing Condition(s)/Disease.

"Critical Illness" for the purpose of this Policy includes the

1) Cancer of specified severity

   I. A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

   The following are excluded -

   i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.

   ii. Any skin cancer other than invasive malignant melanoma

   iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.

   iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter

   v. Chronic lymphocytic leukaemia less than RAI stage 3

   vi. Microcarcinoma of the bladder

   vii. All tumours in the presence of HIV infection.

2) Open chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graph (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following will be excluded:

 i. Angioplasty and/or any other intra-arterial procedures

 ii. any key-hole or laser surgery

3) First heart attack - of specified severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

 i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

 ii. new characteristic electrocardiogram changes

 iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

 i. Non-ST-segmentelevationmyocardialinfarction (NSTEMI) with elevation of Troponin I or T

 ii. Other acute Coronary Syndromes

 iii. Any type of angina pectoris.

4) Kidney failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5) Major organ/ bone marrow transplant

The actual undergoing of a transplant of:

 i. One of the following human organs: heart, lung, liver, kidney, pancreas, that

 ii. resulted from irreversible end-stage failure of the relevant organ, or
III. Human bone marrow using haematopoietic stem cells. The undergoing of a
IV. transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

6) Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
Vascular disease affecting only the eye or optic nerve or vestibular functions.

7) Permanent paralysis of limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8) Open heart replacement or repair of heart valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of valve(s). The diagnosis of the valve abnormality must be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

9) End stage liver disease

End stage liver disease resulting in cirrhosis and which is evidenced by all of the following symptoms/criteria:

a) Permanent jaundice
b) ascites
c) encephalopathy
d) portal hypertension

LIVER disease caused due to alcohol or drugs misuse is excluded from this definition.

Note: In the event of a Claim arising out of any of the Critical Illness or medical procedures as covered under this Extension, You should intimate Us within thirty (30) days from the date of first diagnosis of such Illness or from the date of surgical procedure or from date of occurrence of the medial event as the case may be (irrespective of Your coverage under any other health insurance policy).

Further, You should arrange for submission of the Claim Documents* as stated in the Policy including the confirmation from the Medical Practitioner that the Critical Illness or medical procedure or medical event for which a Claim has been lodged under this Extension, does not relate to any Pre-Existing Condition/Disease(s) or any Illness or Injury which existed within the first 3 months of the Period of Insurance Start Date.

*In case You are covered under any health policy of other insurance company and become entitled to a Claim under such policy, then for this Extension, You may submit to Us the copies of such Claim Documents provided they are duly certified by such insurance company or any hospital where You are getting treated, as applicable

The cover under this extension shall terminate in the event of Your Claim becoming admissible hereunder. In consequence thereof no benefit shall be payable to You

Extension HC 14: Voluntary Deductible

Notwithstanding anything to the contrary in the Policy, it is hereby expressed and agreed that You have voluntarily opted for a Deductible, as specifically appearing in the Policy Schedule, in consideration for a reduction in premium amount payable for this Policy.

Deductible will be applicable for each and every Claim during the Policy Year before it becomes payable by Us under the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 15: Sub Limits on Medical Expenses/ Illness/ Surgeries/ Procedures

Notwithstanding anything to the contrary in the Policy and subject to the Maximum Limit of Indemnity, Our maximum liability to make payment for the Medical Expenses incurred during any Hospitalisation (including its related Pre and Post Hospitalisation expenses if applicable) due to the below mentioned Surgeries/ Medical Procedures or any medical treatment pertaining to an Illness/ Injury shall be limited as per the table below:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Surgeries/ Medical Procedures</th>
<th>Sub-limits (₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>1</td>
<td>Cataract per eye</td>
<td>10,000</td>
</tr>
<tr>
<td>2</td>
<td>Other Eye Surgeries</td>
<td>15,000</td>
</tr>
<tr>
<td>3</td>
<td>ENT</td>
<td>15,000</td>
</tr>
<tr>
<td>4</td>
<td>Surgeries for - Tumors/ Cysts/ Nodule/ Polyp</td>
<td>20,000</td>
</tr>
<tr>
<td>5</td>
<td>Stone in Urinary System</td>
<td>20,000</td>
</tr>
<tr>
<td>6</td>
<td>Hernia Related</td>
<td>20,000</td>
</tr>
<tr>
<td>7</td>
<td>Appendicectomy</td>
<td>20,000</td>
</tr>
<tr>
<td>8</td>
<td>Knee Ligament Reconstruction Surgery</td>
<td>40,000</td>
</tr>
<tr>
<td>9</td>
<td>Hysterectomy</td>
<td>20,000</td>
</tr>
<tr>
<td>10</td>
<td>Fissures/ Piles/ Fistulas</td>
<td>15,000</td>
</tr>
<tr>
<td>11</td>
<td>Spine &amp; Vertebrae related</td>
<td>40,000</td>
</tr>
<tr>
<td>12</td>
<td>Cellulites/ Abscess</td>
<td>15,000</td>
</tr>
<tr>
<td></td>
<td>All Medical Expenses for any treatment not involving surgery/ medical procedure</td>
<td>10,000</td>
</tr>
</tbody>
</table>
Any complications resulting from or arising out of any surgery or medical procedure shall be subject to the overall sub-limit, as applicable.

No Sub-limits shall be applicable on any Major Medical Illness & Procedures and Joint Replacement Surgery. Major Medical Illness & Procedures for the purpose of this Policy shall mean and include the following:

1) Cancer of Specified Severity
2) Kidney Failure Requiring Dialysis
3) Major Organ/Bone marrow Transplant
4) All cardiac surgeries/conditions including but not limited Open Chest CABG
5) Multiple Sclerosis
6) Stroke Resulting in Permanent Symptoms
7) Permanent Paralysis of Limbs
8) All brain related surgeries

The sub-limits mentioned above shall be applicable for each Hospitalisation. For the purpose of applicability of the said sub-limits, multiple Hospitalisations pertaining to the same illness or medical procedure/surgery occurring within a period of 45 days from the date of discharge of the first Hospitalisation shall be considered as one Hospitalisation.

Subject otherwise to the terms, conditions and exclusions of the Policy.
DAY CARE TREATMENT

Operations on the eyes
1. Incision of tear glands
2. Other operations on the tear ducts
3. Incision of diseased eyelids
4. Excision and destruction of diseased tissue of the eyelid
5. Operations on the canthus and epicantus
6. Corrective surgery for entropion and ectropion
7. Corrective surgery for blepharoptosis
8. Removal of a foreign body from the conjunctiva
9. Removal of a foreign body from the cornea
10. Incision of the cornea
11. Operations for pterygium
12. Other operations on the cornea
13. Removal of a foreign body from the lens of the eye
14. Removal of a foreign body from the posterior chamber of the eye
15. Removal of a foreign body from the orbit and eyeball
16. Operation of cataract

Operations on the nose & the nasal sinuses
17. Excision and destruction of diseased tissue of the nose
18. Operations on the turbinates (nasal concha)
19. Other operations on the nose
20. Nasal sinus aspiration
21. Foreign body removal from nose

Microsurgical operations on the middle ear
22. Stapedotomy
23. Stapedectomy
24. Revision of a stapedectomy
25. Other operations on the auditory ossicles
26. Myringoplasty (Type-I Tympanoplasty)
27. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
28. Revision of a tympanoplasty
29. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear
30. Myringotomy
31. Removal of a tympanic drain
32. Incision of the mastoid process and middle ear
33. Mastoidectomy
34. Reconstruction of the middle ear
35. Other excisions of the middle and inner ear
36. Fenestration of the inner ear
37. Revision of a fenestration of the inner ear
38. Incision (opening) and destruction (elimination) of the inner ear
39. Other operations on the middle and inner ear

Operations on the tongue
40. Incision, excision and destruction of diseased tissue of the tongue
41. Partial glossectomy
42. Glossectomy
43. Reconstruction of the tongue
44. Other operations on the tongue

Other operations on the mouth & face
45. External incision and drainage in the region of the mouth, jaw and face
46. Incision of the hard and soft palate
47. Excision and destruction of diseased hard and soft palate
48. Incision, excision and destruction in the mouth
49. Plastic surgery to the floor of the mouth
50. Palatoplasty
51. Other operations in the mouth

Operations on the tonsils & adenoids
52. Transoral incision and drainage of a pharyngeal abscess
53. Tonsillectomy without adenoidectomy
54. Tonsillectomy with adenoidectomy
55. Excision and destruction of a lingual tonsil
56. Other operations on the tonsils and adenoids

Operations on the salivary glands & salivary ducts
57. Incision and lancing of a salivary gland and a salivary duct
58. Excision of diseased tissue of a salivary gland and a salivary duct
59. Resection of a salivary gland
60. Reconstruction of a salivary gland and a salivary duct
61. Other operations on the salivary glands and salivary ducts

Operations on the breast
62. Incision of the breast
63. Operations on the nipple

Operations on the skin & subcutaneous tissues
64. Incision of a pilonidal sinus
65. Other incisions of the skin and subcutaneous tissues
66. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
67. Local excision of diseased tissue of the skin and subcutaneous tissues
68. Other excisions of the skin and subcutaneous tissues
69. Simple restoration of surface continuity of the skin and subcutaneous tissues
70. Free skin transplantation, donor site
71. Free skin transplantation, recipient site
72. Revision of skin plasty
73. Other restoration and reconstruction of the skin and subcutaneous tissues.
74. Chemosurgery to the skin.
75. Destruction of diseased tissue in the skin and subcutaneous tissues

Other operations on the mouth & face
76. Incision and excision of tissue in the perianal region
77. Surgical treatment of anal fistulas
78. Surgical treatment of haemorrhoids
79. Division of the anal sphincter (sphincterotomy)
80. Other operations on the anus
81. Ultrasound guided aspirations
82. Sclerotherapy etc.

Operations of bones and joints
83. Surgery for ligament tear
84. Surgery for meniscus tear
85. Surgery for hemoarthrosis/pyoarthrosis
86. Removal of fracture pins/nails
87. Removal of metal wire
88. Closed reduction on fracture, luxation
89. Reduction of dislocation under GA
90. Epiphysiolysis with osteosynthesis
91. Trauma surgery and orthopaedics
92. Incision on bone, septic and aseptic
93. Closed reduction on fracture, luxation or epiphysiolysis with osteosynthesis.
94. Suture and other operations on tendons and tendon sheath
95. Arthroscopic knee aspiration

Operations on the female sexual organs
96. Incision of the ovary
97. Insufflation of the fallopian tubes
98. Other operations on the Fallopian tube
99. Dilatation of the cervical canal
100. Conisation of the uterine cervix
101. Other operations on the uterine cervix
102. Incision of the uterus (hysterotomy)
103. Therapeutic curettage
104. Culdotomy
105. Incision of the vagina
106. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
107. Incision of the vulva
108. Operations on Bartholin’s glands (cyst)

Operations on the prostate & seminal vesicles
109. Incision of the prostate
110. Transurethral excision and destruction of prostate tissue
111. Transurethral and percutaneous destruction of prostate tissue
112. Open surgical excision and destruction of prostate tissue
113. Radical prostatectomy
114. Other excision and destruction of prostate tissue
115. Operations on the seminal vesicles
116. Incision and excision of periprostatic tissue
117. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis
118. Incision of the scrotum and tunica vaginalis testis
119. Operation on a testicular hydrocele
120. Excision and destruction of diseased scrotal tissue
121. Plastic reconstruction of the scrotum and tunica vaginalis testis
122. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes
123. Incision of the testes
124. Excision and destruction of diseased tissue of the testes
125. Unilateral orchidectomy
126. Bilateral orchidectomy
127. Orchidectomy
128. Abdominal exploration in cryptorchidism
129. Surgical repositioning of an abdominal testis
130. Reconstruction of the testis
131. Implantation, exchange and removal of a testicular prosthesis
132. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens
133. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
134. Excision in the area of the epididymis
135. Epididymectomy
136. Reconstruction of the spermatic cord
137. Reconstruction of the ductus deferens and epididymis
138. Other operation on the spermatic cord, epididymis and ductus deferens

Operations on the penis
139. Operations on the foreskin
140. Local excision and destruction of diseased tissue of the penis
141. Amputation of the penis
142. Plastic reconstruction of the penis
143. Other operations on the penis

Operations on the urinary system
144. Cystoscopical removal of stones

Other Operations
145. Lithotripsy
146. Coronary angiography
147. Haemodialysis
148. Radiotherapy for Cancer
149. Cancer Chemotherapy
150. Endoscopic polypectomy
## DETAILS OF INSURANCE OMBUDSMEN

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Ombudsman office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu</td>
<td>Ahmedabad: Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel No: 079 - 25501201/02/05/06. Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></td>
</tr>
<tr>
<td>Karnataka</td>
<td>Bengaluru: 19/9 Jeevan Soudha Building, Ground Floor, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560078. Tel No: 080-26652048/49. Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></td>
</tr>
<tr>
<td>Madhya Pradesh, Chattisgarh</td>
<td>Bhopal: Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal - 462 003. Tel No: 0755-2769201/02 Fax No: 0755-2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></td>
</tr>
<tr>
<td>Orissa</td>
<td>Bhubaneswar: 62, Forest park, Bhubneshwar - 751 009. Tel no: 0674-2596461, 2596455 Fax No.: 0674-2596429. Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></td>
</tr>
<tr>
<td>Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir, Chandigarh</td>
<td>Chandigarh: S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172-2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></td>
</tr>
<tr>
<td>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)</td>
<td>Chennai: Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel.: 044-24333668 /24335284 Fax : 044-24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></td>
</tr>
<tr>
<td>Delhi</td>
<td>Delhi: 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></td>
</tr>
<tr>
<td>Kerala, Lakshadweep, Mahe-a part of Pondicherry</td>
<td>Kochi: Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel: 0484-2358759/2359338 Fax : 0484-2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></td>
</tr>
<tr>
<td>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</td>
<td>Guwahati: Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001. Tel.: 0361-2132204/5 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></td>
</tr>
<tr>
<td>Andhra Pradesh, Telangana, Union territory of Yanam which is a part of Union Territory of Pondicherry</td>
<td>Hyderabad: 6-2-46, 1st floor, &quot;Moin Court&quot;, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel:040-65504123/23312122 Fax:040-23376599 Email:<a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></td>
</tr>
<tr>
<td>Rajasthan</td>
<td>Jaipur: Gr. Floor, Jeevan Nidhi - II Bldg., Bhawani Singh Road, Jaipur 302005. Tel: 0141-2740363 Email:<a href="mailto:bimalokpal.jaipur@ecoi.co.in">bimalokpal.jaipur@ecoi.co.in</a></td>
</tr>
<tr>
<td>West Bengal, Sikkim, Andaman &amp; Nicobar Islands</td>
<td>Kolkata: Hindustan Building. Annex, 4th Floor, C.R.Avenue, Kolkata - 700072 Tel No: 033-22124339/22124340 Fax: 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></td>
</tr>
<tr>
<td>Districts of Uttar Pradesh:</td>
<td>Lucknow: Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road,Hazaratganj, Lucknow - 226 001. Tel.: 0522-2231313/2231330 Fax : 0522-2231310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></td>
</tr>
<tr>
<td>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane</td>
<td>Mumbai: 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel: 022 - 26106552 / 26106960 Fax : 022-26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></td>
</tr>
</tbody>
</table>
## DETAILS OF INSURANCE OMBUDSMEN (CONT'D.)

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Ombudsman office</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</td>
<td>Noida: 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Noida- 201301. Tel: 0120-2514250/52/53 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></td>
</tr>
<tr>
<td>Bihar, Jharkhand</td>
<td>Patna: 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel No: 0612-2680952 Email id: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></td>
</tr>
<tr>
<td>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan</td>
<td>Pune: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></td>
</tr>
</tbody>
</table>

The updated details of Insurance Ombudsmen are also available on IRDA website: www.irda.gov.in on the website of General Insurance Council: www.generalinsurancecouncil.org.in, website of the company www.icicilombard.com or from any of the offices of the Company.