Health Care Plus Policy

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document.

Sr.No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy** Health Care Plus Policy	
2.	**Policy Number** XXXXX	
3.	**Type of Insurance Product/Policy** Indemnity	
4.	**Sum Insured Basis:** - Individual Sum Insured Rs. XXXX - where each member has a separate sum insured under the policy - Floater Sum Insured- Rs. XXXX – where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5.	**Policy Coverage (What the policy covers?)** **Expenses in respect of:** **i. Basic Covers: -** 1. **In-patient Treatment-** Covers Hospitalization expenses for admission longer than 24 consecutive hours which are in excess of the Deductible up to the Annual Sum Insured opted.	d. Benefits Covered under the Policy
6.	**Exclusions (What does the policy not cover)** **i. Standard Exclusion (Exclusions for which standard wordings are specified by IRDAI) :-** 1. **Code- Excl01: Pre-Existing Diseases** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous	e. Exclusions e.i.1

	coverage after the date of inception of the first policy with insurer. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. If the Insured Person is continuously covered without any break as defined under the portability norms of the relevant regulatory prescription, then waiting period for the same would be reduced to the extent of prior coverage Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.	
	2. Code- Excl02: Specified disease/procedure waiting period/Specific Waiting Period 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. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. 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. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. 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. • Cataract • Benign prostatic hypertrophy • Myomectomy, endometriosis, hysterectomy unless because of malignancy • All types of hernia, hydrocele • Fissures &/or fistula in anus, haemorrhoids/piles • Arthritis, gout, rheumatism and spinal disorders • Joint replacements unless due to Accident • Sinusitis and related disorders • Stones in the urinary and biliary systems	e.i.2

	• Dilatation and curettage • All types of Skin and internal tumours/ 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 ulcers • Deviated nasal septum	
	3. Code- Excl03: 30-day waiting period 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. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	e.i.3
	4. 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 • Hypertension • Diabetes • Cardiac Conditions This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	e.i.4
	5. Code- Excl04: Investigation & Evaluation i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.	e.i.5

	ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	
	6. Code- Excl05: Rest Cure, rehabilitation and respite care Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: 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. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	e.i.6
	7. Code- Excl06: Obesity/ Weight Control Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: Surgery to be conducted is upon the advice of the Doctor The surgery/Procedure conducted should be supported by clinical protocols The member has to be 18 years of age or older and Body Mass Index (BMI); • greater than or equal to 40 or • 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: o Obesity-related cardiomyopathy o Coronary heart disease o Severe Sleep Apnea o Uncontrolled Type2 Diabetes	e.i.7
	8. 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.	e.i.8
	9. 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	e.i.9

	immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner	
	10. 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, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving	e.i.10
	11. 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.	e.i.11
	12. 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/proposers are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. The list of excluded providers/delisted hospitals is available on our website www.icicilombard.com	e.i.12
	13. Code- Excl12: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.	e.i.13
	14. Code- Excl13: Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.	e.i.14
	15. Code- Excl14: Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances	e.i.15

	unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure	
	16. Code- Excl15: Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres	e.i.16
	17. 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.	e.i.17
	18. Code- Excl17: Sterility and Infertility: Expenses related to, sterility and infertility. This includes: o Any type of contraception, sterilization o Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI o Gestational Surrogacy o Reversal of sterilization	e.i.18
	19. 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	e.i.19
	ii. Specific Exclusions	e.ii. Specific Exclusions
	i. Any physical, medical condition or treatment or service that is specifically excluded in the Policy in Part a of the Schedule under Special Conditions.	e.ii.i
	ii. Routine medical, eye and ear examinations, cost of spectacles, contact lenses or hearing aids, vaccinations, issue of medical certificates and examinations as to suitability for employment or travel or any other such purpose.	e.ii.ii
	iii. Treatment relating to external birth defects and external) congenital Illnesses or defects or anomalies.	e.ii.iii

	iv. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)	e.ii.iv
	v. All dental treatment unless caused due to Accident.	e.ii.v
	vi. Prosthesis, corrective devices, durable medical equipment's and items and medical appliances/apparatus/machines, which are not required intra-operatively or for the Illness for which the Insured required Hospitalisation.	e.ii.vi
	vii. Cost of cochlear implant(s) unless necessitated by an Accident.	e.ii.vii
	viii. Personal comfort and convenience items and services.	e.ii.viii
	ix. Any charge incurred prior to Hospitalisation or post Hospitalisation, including but not limited to, charges for nurses/attendants, etc.	e.ii.ix
	x. Circumcision unless necessary for treatment of a disease or necessitated due to an Accident.	e.ii.x
	xi. Vaccination and inoculation of any kind.	e.ii.xi
	xii. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.	e.ii.xii
	xiii. Any Injury/Illness sustained or contracted due to flying other than as a passenger on a scheduled regular carrier.	e.ii.xiii
	xiv. Any Injury/Illness sustained or contracted due to war invasion, act of foreign enemies, hostilities (whether declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion martial law, loot, sack or pillage.	e.ii.xiv
	xv. Any losses directly or indirectly due to contamination caused by any act of terrorism, regardless of any contributory causes (if the Company alleges that by reason of these exclusion any loss is not covered by this insurance, the burden of proving the contrary shall be upon the Insured.)	e.ii.xv
	xvi. Any Injury/Illness sustained or contracted due to nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.	e.ii.xvi
	xvii. Costs of donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery.	e.ii.xvii
	xviii. Treatment received outside the Geographical Scope of Cover mentioned in the Part a of the Policy.	e.ii.xviii
	xix. Any travel or transportation expenses including ambulance charges.	e.ii.xix
	xx. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.	e.ii.xx

	xxi. Any treatment undertaken after the point at which it is certified by a Medical Practitioner that the condition is of such a nature that further medical treatment may serve to stabilize or maintain it but is unlikely to result in a material improvement within a reasonable time frame. xxii. Domiciliary Hospitalisation xxiii. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization. xxiv. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council. xxv. Any treatment related to sleep disorder or sleep apnoea syndrome.	e.ii.xxi e.ii.xxii e.ii.xxiii e.ii.xxiv e.ii.xxv
7.	**Waiting period** • **Time period during which specified diseases/treatments are not covered** • **It is counted from the beginning of the policy coverage** **Initial waiting period:** 30 days for all illnesses (except those incurred due to Bodily injury) **Specific waiting periods:** First 24 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing) **Pre-existing diseases:** Covered after 36 months of continuous coverage **Expenses related to the treatment of Hypertension, Diabetes and Cardiac** conditions within 90 days from the first policy commencement date unless they are pre-existing and disclosed at the time of underwriting.	e.i.3 e.i.2 e.i.1 e.i.4
8.	**Financial limits of coverage** **i) Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)** Not Applicable **ii) Co-payment** **(It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)** Not Applicable **iii) Deductible**	

	(It is a specified amount: - **Up to which an insurance company will not pay any claim, and** - **Which will be deducted from total claim amount (if claim amount is more than the specified amount)** Deductible shall be applicable to each and every Claim separately during the Policy year. **iv) Any other limit (as applicable)** Not Applicable	
9.	**Claims/Claims Procedure** **Cashless (Pre-Authorization) Procedure:** **Step 1** – Get your treatment at our network hospital and during admission submit copy of heath card and photo ID proof at Hospital Insurance desk **Step 2** – The hospital sends approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) **Step 3** – Request would be processed from insurance as per policy terms and conditions **Step 4** – You may avail treatment and claim payment is settled directly to the Provider/Hospital **Step 5** – You can check and track your claim status live on IL TakeCare app or WhatsApp If You notify pre-authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre-authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital. Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or the IL TakeCare App.	g. (Other terms and conditions)

List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf

Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services.

Non-medical and non-payable expenses are your responsibility.

You shall be required to furnish the following documents for or in support of a Claim:

1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com
2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner
3. Original bills from chemists supported by proper prescription.
4. Original investigation test reports and payment receipts.
5. Indoor case papers
6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it

Reimbursement Procedure:

Step 1 – Get treatment at a non-network hospital by paying all the treatment costs. Collect all the documents of treatment and expenses incurred

Step 2 – Send the claim documents along with the claim form to insurance. You can emboss the original documents and submit an e-claim on the IL Takecare app. If an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy.

Step 3 – The claim would be processed as per policy terms and conditions

	Step 4 – The approved amount in the claim would be reimbursed to you Insurer needs to be notified of any planned Hospitalization at least 48 hours before admission and 24 hours after admission in the case of emergency hospitalization. We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of discharge from the Hospital, The claim will be processed within 15 days of receipt of claim along with claim form. The relevant documents to be sent to: ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016 **Download the Claim Form here** - https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	
10.	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. • For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.	
11.	**Grievances/Complaints** • In case of any grievance the insured person may contact the Company through: - Website: www.icicilombard.com Toll free number: 1800 2666 Email: customersupport@icicilombard.com	f.i.14.

	Address: ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16, Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 • There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution • Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf. • If Insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com • If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255. • Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman.	
12.	**Things to remember** **Free Look cancellation:** Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges.	f.i.13

	If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com.	
	Policy renewal: Except on grounds of established fraud, or misrepresentation or non-disclosure, renewal of your policy shall not be denied, provided the policy is not withdrawn and also subject to moratorium conditions.	f.i.8
	Migration: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. The company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months. In case You are desirous of migrating or outward porting Your Policy, kindly contact us at customersupport@icicilombard.com.	f.i.7
	Portability: a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines d. This benefit is not applicable for enhanced sum insured.	
	Change in Sum Insured: The sum insured can be modified (increase/decrease) only at renewal or anytime, subject to company underwriting. Waiting period restarts for increased sum insured.	
	Moratorium Period: After completion of five continuous years of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the	

	insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of five continuous years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of five continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits	
13.	**Your Obligations** • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • In the event of misrepresentation, mis-description, non-disclosure of material facts, fraud or non-cooperation by you in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by you or any one acting on your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.	.

Declaration by the Policy Holder:

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

Place:

Date: _____ Signature of the Policy Holder

NOTE: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.