

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr. No	Title	Description	Policy Clause Number
1.	Product Name	Health Shield 360 Retail	
2.	What am I covered for	<p>Basic Covers</p> <ul style="list-style-type: none"> • In patient Treatment- Covers Hospitalization expenses for a duration of more than 24 consecutive hours for an insured event.. • Day Care Procedures/Treatment – Covers Medical expenses incurred for Day Care Treatment or surgical procedure which required admission in a Hospital or Day care centre for a continuous period of less than 24 hours. • Coverage of Modern Treatment – Covers medical expenses of modern treatment during policy period up to the annual Sum Insured. • Pre Hospitalization Medical expenses - Covers Medical expenses incurred immediately before hospitalization up to the limits as specified in the Policy Schedule. • Post Hospitalization Expenses – Covers Medical expenses incurred immediately after discharge from hospital up to the limits as specified in the Policy Schedule. • In Patient AYUSH Hospitalization- Covers Medical Expenses incurred for AYUSH treatment in an AYUSH Hospital or AYUSH day care center. • Reset Benefit - The Sum Insured will be reset up to 100% once a policy year for same illness and Unlimited times for different illness , in case the Annual Sum insured including any guaranteed cumulative bonus (if any), super no claim bonus (if any), sum insured protector (if any) is insufficient as a result of previous claims • Domestic Road Ambulance Cover – Covers the expense on road ambulance services to transfer the Insured Person to the nearest Hospital. In case of cashless claim; the same will be covered as per actuals and will be limited 	<p>d. Benefits covered under the Policy</p> <p>Section d. A. 1</p> <p>Section d. A. 2</p> <p>Section d. A. 3</p> <p>Section d. A. 4</p> <p>Section d A. 5</p> <p>Section d. A. 6</p> <p>Section d. A. 7</p> <p>Section d. A. 8</p>

		<p>to 1% of Annual Sum Insured maximum up to Rs. 10,000 in case ambulance services are reimbursed.</p> <ul style="list-style-type: none"> • Air Ambulance Cover- Covers expenses incurred on air ambulance services to transfer the Insured Person to the nearest Hospital in case of an emergency. Maximum amount payable under this cover for any and all claims is up to Annual Sum Insured. • Donor Expense - Covers Medical Expenses incurred for an organ donor’s Hospitalization for an organ donated to the Insured Person up to Annual Sum Insured. • Domiciliary Hospitalization - Covers Medical expenses incurred for Domiciliary Hospitalization up to the Annual Sum Insured. • Home Care Treatment- Any medical expenses incurred by the Insured person on home care treatment up to 5% of Annual Sum Insured subject to a maximum of Rs. 25,000. • Wellness Program – Applicable <ul style="list-style-type: none"> I. Wellness Program II. Health Assistance III. Ambulance Assistance IV. Discounts on services and products <ul style="list-style-type: none"> ○ Wellness points earned by the Insured Person can be redeemed by availing services such as out-patient consultations, purchase of pharmaceutical drugs/ medicines, undergoing diagnostic tests, purchase of health supplements etc. through our mobile application • Guaranteed Cumulative bonus - A Cumulative Bonus of 20% of the Annual Sum Insured will be provided at the end of each claim free Policy Year subject to a maximum of 100% of annual sum insured Year if the Policy is continuously renewed with Us. Even in the event of a claim, there will be no reduction in the cumulative bonus already accrued • Teleconsultation – Unlimited tele-consultations will be provided; 24 * 7 and 365 days a year. • Incentives associated with vaccination against Pneumococcal disease – Discount of 2.5% will be provided on premium in case all adult members in the policy have been vaccinated with the conjugate pneumococcal 	<p>Section d A. 9</p> <p>Section d. A. 10</p> <p>Section d. A. 11</p> <p>Section d. A. 12</p> <p>Section d. A. 13</p> <p>Section d. A. 14</p> <p>Section d. A. 15</p> <p>Section d. A. 16</p>
--	--	---	---

		<p>vaccine in the one year immediately prior to policy start date</p> <p>Optional Covers</p> <ul style="list-style-type: none"> • Preventive Health Check Up – Insured person(s) aged 21 years and above can avail a preventive health check-up as per the plan eligibility. One coupon will be provided per Insured Person subject to maximum of 2 coupons for floater policy • Convalescence Benefit - A lump sum allowance as per the specified limit will be provided once in each Policy year, for Hospitalization for a duration of minimum 10 consecutive days. • BeFit – Provides following benefits on cashless basis up to limits as specified on the Policy schedule via our mobile application <ul style="list-style-type: none"> i. Physical consultations ii. Routine diagnostic and minor procedure cover iii. Pharmacy cover iv. Physiotherapy sessions v. e-counselling vi. Diet and nutrition e-consultation • Hospital Daily Cash- A daily cash allowance will be provided for each completed day of Hospitalization for 3 consecutive days up to a maximum of 10 days in a policy year. • Nursing at Home Post Hospitalization - Expenses incurred for the medical services of a Qualified Nurse at the Insured Person’s residence up to the amount specified against this cover in the policy schedule for each day subject to a maximum of 15 days post Hospitalization. • Compassionate Visit – Expenses incurred for one Immediate Family member of the Insured Person to travel from their place of origin/residence to the place of Hospitalization up to maximum of Rs. 20,000, provided that the Insured Person is hospitalized for a minimum of 5 consecutive completed days. • Maternity Cover and New Born Baby Cover– <ul style="list-style-type: none"> I. Maternity Cover - 	<p>Section d.B.1</p> <p>Section d.B.2</p> <p>Section d.B.3</p> <p>Section d. B. 4</p> <p>Section d. B. 5</p> <p>Section d. B.6</p> <p>Section d. B. 7</p>
--	--	--	---

		<p>Covers Medical expenses incurred for a maximum of 2 deliveries/terminations and Pre-natal & post-natal expenses after a waiting period of 2/3 consecutive years (as per plan opted) up to the limits as specified in the Policy Schedule.</p> <p>II. New Born Baby Cover – Covers Medical Expenses incurred towards the treatment of a New Born Baby, up to 90 days from date of birth, if a Maternity Benefit claim has been accepted, subject to the maximum sum insured as specified against this cover in the Policy Schedule.</p> <ul style="list-style-type: none"> • Super No Claim Bonus- provides 50% increase in the Annual Sum insured for every claim free completed year subject to maximum of 100% of the Annual Sum Insured. In the event of a claim in the policy year the Super No Claim Bonus will reduced by 50%. • Sum Insured Protector – Protects the sum insured against the rising inflation by linking the sum insured under the base plan to the consumer price index (CPI). • Claim Protector- If claim has been accepted under “Inpatient treatment” or “Daycare procedure”, then the items which are included in the specified list of excluded items which are not payable in that particular claim will become payable. The maximum claim payout under this benefit shall be limited to Annual Sum Insured under the policy. • Worldwide Cover (Outside India) - Covers Hospitalization including planned hospitalization, Road Emergency Ambulance and Air Ambulance expenses incurred outside India and anywhere across the world including USA and Canada up to the Annual Sum Insured subject to the terms & conditions specified. In case of planned hospitalization, prior intimation at least 7 days in advance of the travel and due approval from Us will be necessary. 	<p>Section d B. 8</p> <p>Section d. B. 9</p> <p>Section d. B. 10</p> <p>Section d. B. 11</p> <p>Section d. B. 12</p>
--	--	--	--

		<ul style="list-style-type: none"> • Dependent Accommodation - If You are Hospitalized for a minimum period of 3 consecutive days, due to any Injury or Illness as covered under the Policy, we will pay up to the amount specified against this cover in the policy schedule maximum up to 10 days for the accommodation of the dependent in the hospital. This benefit is payable only for one immediate family member. 	
<p>3.</p>	<p>What are the major exclusions in the policy</p>	<ul style="list-style-type: none"> • PED expenses and its direct complications will be excluded until the expiry of 12/24 months (as per the plan opted). • Expenses related to the specified diseases/Procedures shall be excluded until the expiry of 24 months. • Expense related to hypertension, diabetes and cardiac conditions within 90days from the policy commencement date shall be excluded unless they are PED and disclosed at the time of Underwriting • Expense 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. • Hospitalization primarily for evaluative and diagnostic purpose for which no active line of treatment/ treatment which is possible in outpatient department • Rest cure/rehabilitation and respite care • Cosmetic surgery • Sterility and Infertility related Expenses • Unproven treatment • Any expenses incurred on dental treatment. • Any case directly or indirectly related to criminal acts • Refractive error correction, hearing impairment correction • Substance abuse, self-inflicted injuries, STDs • Any item(s) or treatment specified in list of excluded expenses (non-medical) and available on Our web site, unless specifically covered under the Policy. • Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family • Hazardous sports, war, civil war or breach of law 	<p>e. Exclusions under the policy</p>

		(Note: The above list of Policy exclusions is indicative only. Please refer to the policy wordings for complete list of exclusions)	
4.	Waiting period	<ul style="list-style-type: none"> • Pre-Existing Diseases: Declared & accepted Pre-existing diseases will be covered after 12/24 months (as per the plan opted) of continuous coverage. • Specific waiting periods: First 24 months, for specific illness and treatment. (Please refer to the policy wordings for the complete list) • Expense related to hypertension, diabetes and cardiac conditions within 90days from the policy commencement date unless they are PED (Below waiting periods are applicable only if these covers are opted for) • Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury) • BeFit : 30 days • Maternity Cover and New Born Baby Cover: 24/36 months (as per the plan opted), provided both Insured Person and Spouse are covered under the same Policy. 	<p>e. Exclusions under the policy</p> <p>e.i. 1</p> <p>e.i. 2</p> <p>e.i. 3</p> <p>e.i. 4</p> <p>d.B. 3</p> <p>d.B. 7</p>
5.	Payment basis	<ul style="list-style-type: none"> • In the event that a claim becomes payable under the terms of the Policy, We shall make such payment in a lump sum through Cashless facility or provide Reimbursement of benefits, up to an amount as specified for said cover . • Claim Service Guarantee available under the Policy. (Please refer to the policy wordings for Our full service guarantee.) • Cashless Facility available at over 6000+ network hospitals. For updated list of network providers kindly visit our website. 	g. Other terms and conditions
6.	Loss Sharing	NA	
7.	Renewal conditions	<ul style="list-style-type: none"> • We shall ordinarily renew the Policy except on grounds of moral hazard, misrepresentation or fraud or non-cooperation by the Insured. • Maximum Renewal age- There will be lifelong renewability without any age restriction for the cover. 	f. General terms and conditions

		<ul style="list-style-type: none"> • Grace Period - All applications for Renewal of the Policy along with due premium must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any Illness/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-Existing Disease. Any claim made within the Grace period will not be payable. • Renewal Premium - Premium payable on renewal is subject to change based on age of the Insured Person, addition of optional covers, change in policy conditions, increase in sum insured, change in any tax laws 	
8.	Renewal benefits	<ul style="list-style-type: none"> • Guaranteed Cumulative Bonus– We will provide a Cumulative Bonus of 20% of the Annual Sum Insured at the end of each claim free Policy Year maximum up to 100% of Annual Sum insured if the Policy is continuously renewed with Us. • Preventive Health Check- Up - One coupon will be provided per adult Insured Person subject to maximum of 2 coupons for floater policy 	<p>Section d. A. 14</p> <p>Section d. A.15</p>
9.	Cancellation	<ul style="list-style-type: none"> • 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 for the unexpired Policy Period as specified in the Policy, provided that no Claim has been payable on Your behalf under the Policy. • Disclosure to information - 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 by the policyholder 	f. General terms and conditions
10.	Claims	<ul style="list-style-type: none"> • For claim intimation, please call our 24x7 toll free number 1800 2666 or SMS 'HEALTHCLAIM' to 575758 or email us at ihealthcare@icicilombard.com • The updated list of Network Providers is available at Our website or can be confirmed through a phone call made to Us at 1800 2666. All claims will be settled by Our in-house claims settlement team and no TPA is engaged. • For reimbursement: We are required to be notified of any planned Hospitalization for which 	g. Other terms and conditions

		<p>claim can be made, at least 48 hours before Admission, along with full particulars. We are required to be notified of any emergency Hospitalization for which claim days can be made, within 24 hours after Admission, along with full particulars.</p> <ul style="list-style-type: none"> • We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, but in any event within 30 days from the date of discharge from the Hospital, failing which We will have the right to treat the claim as inadmissible. • For Pre & Post-hospitalization Medical Expenses documents may be provided within 30 days from the completion of post-hospitalization period. • The relevant documents can be sent to 1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet, Hyderabad, District Hyderabad , Telangana Pin code -500016 	
11.	Policy Servicing/Grievances/Complaints	<ul style="list-style-type: none"> • In case of any grievance the insured person (including senior citizen) may contact the company through our website www.icicilombard.com (Customer Support section "Grievance Redressal") or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com. • If you are not satisfied with the resolution then you may successively write to Manager- Service Quality, Corporate Manager- Service Quality, National Manager- Operations & finally Director-services and Business development at the following address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 • There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution. • In case, Your complaint is not fully addressed by us, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDA. For registration please visit IRDA website www.irda.gov.in 	f. General terms and conditions

		<ul style="list-style-type: none"> • If the issue is still unresolved, you may approach Insurance Ombudsman for the redressal of the grievance 	
12.	Insured's Rights	<ul style="list-style-type: none"> • Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. • The insured person shall be allowed free look period of fifteen days (thirty days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured have not made any claim during the Free Look Period, the insured shall be entitled to <ul style="list-style-type: none"> a) a refund of the premium paid less any expenses incurred by the company on your medical examination and the stamp duty charges; or b) where the risk has already commenced and the option of return of the Policy is exercised by You , a deduction towards the proportionate risk premium for period of cover or c) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; • The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or noncooperation by the insured. • Portability – The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting 	f. General terms and conditions

		<p>periods as per IRDAI guidelines on portability.</p> <p>For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987</p> <ul style="list-style-type: none"> • In case You are desirous of outward porting kindly contact us at customersupport@icicilombard.com • You can enhance the Sum Insured under the Policy at the time of Renewal, subject to underwriters' approval and payment of appropriate premium. If the Policy is renewed for an enhanced Sum Insured, then a fresh waiting period for PED and specific exclusions will be applicable to this enhanced limit from the effective date of such enhancement. Please visit Our website www.icicilombard.com for further information • For Cashless facility claims we will respond within 4 hours (subject to receiving complete set of documents)of the actual receipt of such pre authorization request • For reimbursement claims, We shall make the payment of admissible claim OR communicate non admissibility of claim within 14 days after You submit complete set of documents & information. 	
13.	Insured's Obligations	<ul style="list-style-type: none"> • The Policy shall be null and void and no Benefit shall be payable if any information shared by you in any form is untrue or incorrect/suppressed, or if there is any misrepresentation, 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. • Please disclose all material information (Including Pre-Existing Diseases) before buying the Policy. • The due observance and fulfillment of the terms, conditions and endorsement of this Policy 	f. General terms and conditions .

		<p>(including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) 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.</p> <ul style="list-style-type: none">• Please inform us immediately of any change in the address, occupation, state of health, or of any other changes affecting the Insured Person (or his Nominee/ legal heir, as the case may be) <p>Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim.</p>	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions specified in the policy document shall prevail.</p>			

Benefit Illustration (Classic Plus)

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
42	11,487	5,00,000	11,487	0.00%	11,487	5,00,000	22,974	31%	15,706	5,00,000
45	11,487	5,00,000	11,487		11,487	5,00,000				
Total Premium for all members of the family is Rs. 22,974 (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. 22,974 (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 15,706 (excluding GST).			
Sum insured available for each individual is Rs 5,00,000 for 1 yr			Sum insured available for each family member is Rs 5,00,000 for 1 yr				Sum insured of Rs 5,00,000 for 1 yr is available for the entire family.			

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
56	32,969	10,00,000	32,969	0.00%	32,969	10,00,000	65,938	18.9%	53,452	10,00,000
60	32,969	10,00,000	32,969		32,969	10,00,000				

Total Premium for all members of the family is Rs. 65,938 (excluding GST), when each member is covered separately.	Total Premium for all members of the family is Rs. 65,938 (excluding GST), when they are covered under a single policy.	Total Premium when policy is opted on floater basis is Rs. 53,452 (excluding GST).
Sum insured available for each individual is Rs 10,00,000 for 1 yr	Sum insured available for each family member is Rs 10,00,000 for 1 yr	Sum insured of Rs 10,00,000 for 1 yr is available for the entire family.