COMPLETE HEALTH INSURANCE BROCHURE



The revamped version of our health insurance is here, packed with **new features and plans for enhanced protection**

ICICI Lombard
Nibhaye Vaade

At ICICI Lombard, we believe that health insurance is not just a matter of saving tax# or getting the protection you need. It can be so much more. It's about partnering with you to find precisely what works for you based on your needs and then going the extra mile to deliver more than what we promise. With countless features and benefits that include Donor Expenses, World Wide Coverage*, Reset Benefit * ^ , Air Ambulance, Sum Insured Protector*, Claim protector* and a lot more, we're redefining the way you stay protected.



Upgrade your protection with additional* covers

World Wide Cover ^ :

In case the customer has opted for this cover, Hospitalization expenses incurred abroad shall be paid with a co-pay of 10%. This benefit is available for Sum Insured of 25 Lakhs and above.

Claim Protector:

In case the customer has opted for this cover, the IRDAI list of non-payable items shall become payable in case of a claim.

Sum Insured Protector:

In case the customer has opted for this cover, the SI will be increased at renewal on the basis of inflation rate of previous year.

The Coverage Entails:



In-patient Treatment: All expenses pertaining to in - patient hospitalisation such as room rent, intensive care unit charges, surgeon's and doctor's fee, anesthesia, blood, oxygen, operation theatre charges incurred during hospitalisation for a minimum period of 24 consecutive hours are covered under the basic hospitalisation cover.



Day Care Procedures: All the medical expenses incurred while undergoing Day Care Procedures / Surgical procedures undertaken under General or Local Anesthesia in a Hospital/Day care centre in less than 24 hrs because of technological advancement, and which would have otherwise required a hospitalisation of more than 24 hours, are covered. Excludes treatment normally taken on OPD basis.



Pre and Post Hospitalisation Medical Expenses: Medical expenses incurred, immediately, before and after hospitalisation will be covered as per plan opted.



In Patient AYUSH Hospitalisation: Expenses for Ayurveda, Yoga and Naturapthy, Unani, Siddha and Homeopathy (AYUSH) treatment only when it has been undergone in a AYUSH hospital or in AYUSH Day Care Center on Re - imbursement basis.



Reset Benefit: We will reset up to 100% of the base Sum Insured unlimited times in a policy year in case the Sum Insured including accrued Guaranteed Cumulative Bonus (if any), Super No Claim Bonus (if any) and Sum Insured protector (if any) is insufficient as a result of previous claims in that policy year for different illness and once for same illness.



Guaranteed Cumulative Bonus [GCB] - 20% every year upto 100% of SI; with no reduction in case of claims.

Wellness Program:



1. Wellness program: Wellness program intends to promote, incentivize and reward the Insured Person(s) for their healthy behavior through various wellness services. All the wellness activities as mentioned in Table 1 enable the Insured Person(s) to earn wellness points which shall be monitored by the Health Coach.
2. Health Assistance Team[HAT] ^ ^: Our Health Assistance Team (HAT) will assist the Insured Person in understanding his/her health condition better by providing responses to any queries related to health and health care providers. The services provided under this shall include:
   - Identifying a Physician/ Specialist
   - Availability of hospital beds
   - Providing guidance on engaging attendants/ nurses
   - Facilitation with respect to arrangement of mobility aids, daily living aids, medical equipment etc.
   - Scheduling an appointment with any Medical Practitioner empaneled with Us
   - Scheduling appointments for a second opinion
   - Providing suitable options with respect to Hospitals as well as providing assistance in Cashless facility, wherever applicable.
   - Scheduling appointments from diagnostic labs empaneled with Us
   - Providing information, assistance and facilitation on door step delivery of medicines
   - Providing preventive information on ailments
   - Providing guidance on post Hospitalization care, such as Physiotherapy/ Nursing at home

3. Ambulance Assistance[#]: We will facilitate ground medical transportation by a Service Provider to transport the Insured Person from the site of Accident/ Illness/ Injury to the nearest Hospital or any clinic or nursing home for medically necessary treatment subject to availability of services in that particular city/location.

4. Discounts on services/products: We shall only facilitate the Insured Person in availing discounts on services/products including but not limited to investigations/diagnostic tests/ laboratory tests /health supplements/ /medical equipment/homecare services/virtual health & wellness sessions/AYUSH products/Fitness & wellness related activities & products etc. at our empanelled diagnostic centres, drugs/medicines ordered from pharmacies etc. offered by our network providers/ health service providers. These discounts can be viewed on our mobile application and one can avail these discounts depending on terms and conditions and subject to availability.



Preventive Health Check-up[##]: The customer is entitled for a Preventive Health Check-up at designated centres. The coupons would be provided to each Insured for every policy year, subject to a maximum of 2 coupons per year for floater policies.



Domestic Road Ambulance[###]: Expenses incurred on road ambulance services will be covered. Coverage limit would be on actuals in case of cashless & 1% of SI max up to ₹10,000 incase of reimbursement.



Modern treatments: Medical Expenses incurred in respect of Hospitalization of the Insured Person for the below mentioned modern treatments during the Policy Period are covered up to the Annual Sum Insured.

1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound).
2. Immunotherapy- Monoclonal Antibody to be given as injection
3. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
4. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5. Balloon Sinuplasty
6. Oral Chemotherapy
7. Robotic surgeries 8 Stereotactic radio Surgeries
8. Deep Brain stimulation
9. Intra vitreal injections
10. Bronchical Thermoplasty
11. IONM - Intra Operative Neuro Monitoring

Homecare treatment[&]: 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 are covered.

Pneumococcal vaccine discount: We will provide an additional 2.5% discount on premium (fresh or renewal) for Insured Person(s) who have taken the conjugate Pneumococcal vaccine.

BeFit*: All benefits under the BeFit cover can be availed only on cashless basis via our mobile application and are subject to the terms, conditions, and exclusions and the availability of Sum Insured under the Cover. BeFit cover can only be opted by Insured Person(s) up to the age of 65 years i. Physical Consultations, ii. Routine Diagnostic and Minor Procedure Cover, iii. Pharmacy, iv. Physiotherapy Session, v. e-Counseling, vi. Diet and Nutrition e-Consultation. Please refer table no 2

Voluntary Co-payment: The Insured Person has the choice to opt for Voluntary Co-payment of 5%,10%,15% & 20% and avail subsequent discount on premium.

Room rent limit: For Sum Insured Upto 20L Single Private Room and no capping for Sum Insured 20L and above.

Cataract limit: After two years from the Period of Insurance Start Date, Our maximum liability arising out of any Claim for a cataract treatment shall be restricted to up to 10% of the Annual Sum Insured subject to a maximum of Rs.1 Lakh per eye

Nursing At Home*: A certain amount per day for a maximum of up to 15 days post hospitalisation for the medical services of a nurse at your residence.

Compassionate Visit*: In the event of hospitalisation exceeding 5 days, the cost of economy class air ticket up to a certain amount (as per the plan chosen) incurred by the customer's "immediate family member" while traveling to place of hospitalisation from the place of origin / residence and back will be reimbursed. "Immediate family member" would mean spouse, children and dependant parents. Insurer liability in respect of any one event or all events of Hospitalization during the Policy Year shall not in aggregate exceed ₹ 20,000 per Policy Year of Policy Period

*These are add-on covers and add- on covers are available by paying extra premium.

Zone based pricing :

Premium will be computed basis the zone chosen by Insured Person in the proposal form. The premium that would be applicable zone wise and the areas defined in each zone are as under. Additional zone based Co-Payment as per table below would be levied on each and every claim (over and above any other co-payment as applicable in the policy) in case medically necessary treatment has been taken in a zone higher than the zone for which premium has been paid on issuance of the policy.

Zone	State/District	Treatment taken in Zone	Zone based co-payment
Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Haryana (excl. Faridabad, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal), Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district	Zone A	Nil
		Zone B	Nil
		Zone C	Nil
		Zone D	Nil
Zone B	Pune, Kolkata, Telangana (Incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand	Zone A	8%
		Zone B	Nil
		Zone C	Nil
		Zone D	8%
Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region)	Zone A	16%
		Zone B	8%
		Zone C	Nil
		Zone D	16%
Zone D	Rest of NCR[Alwar, Bagpat, Bharatpur, Bulandshahr, Faridabad, Gautam Buddha Nagar excluding Noida, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal]	Zone A	Nil
		Zone B	Nil
		Zone C	Nil
		Zone D	Nil

Presenting Complete Health Insurance - Health Elite Plus plan, which offers a host of benefits to cater to all your healthcare needs.

Plan Name		Health Elite Plus
Basic Covers / Optional Covers	**Covers**	**5,7.5,10,15,20,25,50,75,100 Lacs**
Basic Covers	In Patient Treatment	Upto Annual Sum Insured
Basic Covers	Daycare procedures and treatment	All procedures covered
Basic Covers	Coverage for modern treatments	Upto Annual Sum Insured
Basic Covers	Pre Hospitalisation	60 days
Basic Covers	Post Hospitalisation	180 days
Basic Covers	In Patient AYUSH hospitalisation	Upto Annual Sum Insured
Basic Covers	Reset benefit	Unlimited times for different illness and once for same illness
Basic Covers	Domestic road ambulance	Covered upto actuals in case of Cashless; Incase of Reimbursement covered upto 1% of Annual Sum Insured max up to Rs. 10,000.
Basic Covers	Air Ambulance Cover	Upto Annual Sum Insured
Basic Covers	Donor expenses	Upto Annual Sum Insured
Basic Covers	Domicillary hospitalisation	Upto Annual Sum Insured
Basic Covers	Home Care Treatment	Covered upto 5% of Annual Sum Insured max upto Rs. 25,000
Basic Covers	Wellness Program (Wellness program, Health Assisstance, Ambulance Assistance,Discounts on service & products)	Available
Basic Covers	Guaranteed Cumulative Bonus [GCB]	Incase of every claim free year - 20% every year 100% of Annual Sum Insured; with no reduction in case of claims
Basic Covers	Preventive Health check up	Available
Basic Covers	Tele consultations	Unlimited
Optional Covers		
Optional Covers	Nursing at Home	Available
Optional Covers	Compassionate Visit	Rs. 20,000
Optional Covers	BeFit	Available
Optional Covers	Sum Insured Protector	Available
Optional Covers	Claim Protector	Available
Optional Covers	World Wide Cover	In built for Annual Sum Insured 25L and above
Waiting Periods / Sub-Limits / Co-payments/ Room Rent capping		
Waiting Period	PED waiting period	24 months
Waiting Period	Specified Disease/ Procedure waiting period	24 months
Waiting Period	Waiting period for Diabetes, Hypertension and Cardiac conditions (unless they are PED)	90 days
Waiting Period	Critical Illness	90 days
Waiting Period	World Wide Cover	24 months
Sub-limits/ Basic Cover	Treatment for Cataract	10% of the Annual Sum Insuredmax upto Rs1 lac per eye
Optional Covers	Voluntary Co-payment	Optional (5%,10%,15%,20%)
Basic Covers	Room rent capping	Up to Annual Sum Insured 20L Single Pvt AC room ; no capping for Annual Sum Insured >20L

Key Points To Note:

Wide Range of Sum Insured: The customer has option to choose from a wide range of Sum Insured starting from 5 lacs to 100 Lakhs as per his / her needs.

Eligibility: The minimum entry age for the customer to receive the policy is 6 years and there is no restriction on maximum entry age. Children between 3 months to 5 years can be insured under floater plan only.

Floater Benefit: Floater cover to get family (self, spouse, dependent parents, dependent children, brothers and sisters) covered for the same Sum Insured under a single policy by paying one premium amount. Individual above 3 months of age can be covered under the policy provided 1 adult is also covered under the same policy.

Pre-Existing Disease: All declared and accepted Pre-Existing conditions / diseases will be covered immediately after 2 years of continuous coverage under the policy, if the policy is issued for the first time with ICICI Lombard. Such waiting period shall reduce if the insured has been covered under a similar policy before opting for this policy, subject however to portability regulations.

Life Long Renewability: The policy provides life - long renewal. Factors determining the renewal premium are (i) age slab of the senior most insured member at the time of renewal (ii) any change in the renewing policy.

Policy Period: Option of choosing 1, 2 or 3 year policy period under various plans offered.

Tenure of policy	Discount percentage
2 years	10% discount on 2nd year premium
3 years	15% discount on 3rd year premium

Cashless Hospitalisation: Avail cashless hospitalisation at any of our network providers / hospitals. A list of these hospitals / providers is available on our website www.icicilombard.com.

Tax Benefit: Avail tax deduction on premium paid under health insurance policy as per applicable provisions of Section 80D of Income Tax Act, 1961 and amendments made thereto.

Pre-Policy Medical Check-up: No medical tests will be required for insurance cover below the age of 46 years and Sum Insured up to ₹10 Lakhs.

Free Look Period: Policy can be cancelled by giving written notice within 15 days of receiving the policy.

Wellness Program: Avail Value Added Services like Free Health Check-up, Online chat with doctors, specialist e-consultation, Dietician and Nutrition e-consultation, Provide information on offers related to healthcare services like consultation, diagnostics, medical equipments and pharmacy.



How Do I Make A Claim?

All the claims have to be intimated 48 hours prior to hospitalisation and within 24 hours post hospitalisation in case of emergency.



Cashless Claims

Get admitted in any one of our network hospital



Fax the pre-authorsiation along with relevant documents (investigation reports, Previous consultation papers if any, Cashless ID, Photo ID)



ICICI Lombard Health Care reviews your claim requested and accordingly will approve, query or reject the same (as per policy terms and conditions).



ICICI Lombard Health Care settles the claim (as per policy terms and conditions) with the hospital after completion of all formalities

1



Reimbursement Claims

Upon discharge, pay all hospital bills and collect all original documents of treatments and expenses underdone

2



Send the duly filled (and signed by insured and treating doctor) claim form and required claim documents.

3



ICICI Lombard Health Care reviews your claim requested and accordingly will approve, query or reject the same (as per policy terms and conditions)

4



ICICI Lombard Health Care Settles the claim (as per policy terms and conditions) and reimburses the approved amount.

Standard List Of Documents

- Duly completed claim form signed by you and the medical practitioner.
- Original bills, receipts and discharge certificate / card from the hospital / medical practitioner.
- Original bills from chemists supported by proper prescription.
- Original investigation test reports and payment receipts.
- Indoor case papers.
- Medical Practitioner's referral letter advising hospitalisation in non-accident cases.
- Any other document as required by ICICI Lombard Health Care to investigate the claim or our obligation to make payment for the same.

Disclaimer: Cashless approval is subject to pre-authorisation by the company. Only expenses relating to hospitalisation will be reimbursed as per the policy coverage. Non-medical expenses will not be reimbursed.

What We Will Not Pay (Exclusions Under the Policy)

- Any Pre-Existing condition(s) until 24 months of Your continuous coverage has elapsed, since Period of Insurance Start Date
- Any Expenses related to the treatment of Hypertension, Diabetes, cardiac conditions within 90 days from the first policy start date.
- Any Medical Expenses incurred by You on treatment of following Illnesses within the first two (2) consecutive years of Period of Insurance Start Date:
  - 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 billiary 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

[$]After two years from the Period of Insurance Start Date, Our maximum liability arising out of any Claim for a cataract treatment shall be restricted to up to 10% of the Annual Sum Insured subject to a maximum of Rs.1 Lakh per eye.

Major Permanent Exclusions

- These are time bound exclusions, Not Permanent
- Expenses attributable to self-inflicted injury (resulting from suicide, attempted suicide).
- Expenses arising out of or attributable to alcohol or drug use / misuse / abuse
- Cost of spectacles / contact lenses, dental treatment
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation) except ectopic pregnancy.

Claim Service Guarantee: ICICI Lombard guarantees on time claim service.

- For Reimbursement Claims: We shall make the payment of admissible claim (as per terms and conditions of Policy) OR communicate non admissibility of claim within 14 days after You submit complete set of documents and 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, shall pay 2% interest over and above the rate defined as per IRDAI (Protection of Policyholder's interest) Regulation 2017.
- For Cashless Claims: If you notify pre - authorisation request for cashless facility through any of our empanelled network hospitals along with complete set of documents and information, we shall respond within 2 hours per IRDAI circular of the actual receipt of complete set of documents.
  - Approval, or • Rejection, or • Query seeking further information

In case the request is for enhancement, i.e. request for increase in the amount already authorised, we shall respond to it within 2 hours post receiving necessary documents.

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

How To Earn Wellness Points?

The Wellness points earned by the Insured Person (as detailed in Table A) 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.

Terms and Conditions for Redemption of Wellness Points

- The Insured Person has to accumulate minimum 400 wellness points in order to redeem them on our mobile application.
- Alternately, the Insured Person(s) can even choose to carry forward the wellness points for 3 years, in case they do not wish to redeem the same provided the Policy is continuously renewed without any break.



Table 1. List of wellness activities

Category	Activity Details	Maximum Wellness Points Earned per Insured Person@
1. On boarding (mandatory to unlock earnings from other points based slabs)	Addition of Policy Details E-card Verification	500
2. Health Risk Assessment	Advisory on Preventive Health check-up Health Assessment Medical Vault First usage of Chat with Health Expert/ Health Coach Service Tele- consultations	400 300 300 100 300
3. Wellness activities	ICICI Lombard initiated Contest/ health quiz (Any one contest) ICICI Lombard initiated Webinar (Any one webinar)	200 200
4. Wellness Tasks	Achieving targeted steps per month	Maximum of 2400 per year
5. Fitness challenge	Participation and successful completion of fitness challenge In App	250 per challenge, maximum of 500 points
6. Health Events	Participation in Professional sporting events like Marathon/Cyclothon/Swimathon etc.	250 per event, maximum of 500 points
Grand Total		**6000**

@The Wellness Points to be awarded for each activity have been mentioned considering an individual policy for a single adult aged 21 and above. In case of a floater policy with 2 adults aged 21 and above, the wellness points to be awarded shall be doubled, provided, that both the Insured Persons complete their respective wellness activities.

Table 2. BeFit Optional Cover

Covers			PLAN NAME						
	Table of Benefit	Mode of Utilisation	A	B	C	D	E	F	G
1	Outpatient Consultation	Cashless Only	1	2	4	6	8	10	12
2	Routine Diagnostics Cover and Minor Procedures Cover	Cashless Only	500	1,000	1,000	2,000	3,000	5,000	7,500
3	Pharmacy Cover	Cashless Only	500	1,000	1,000	2,000	3,000	5,000	7,500
4	Physiotherapy Session	Cashless Only	0	0	6	8	10	12	12
5	E-Counselling	APP (Online Only)	6	6	6	8	12	Unlimited	Unlimited
6	Diet and Nutrition	APP (Online Only)	6	6	6	8	12	Unlimited	Unlimited

Cancellation / Termination

- 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.
- You may cancel the policy by giving us 15 days prior written notice for the cancellation of the policy by registered post, and after which we shall refund the premium on short term rates for the unexpired policy period as per the rates mentioned below, provided no claim has been payable on your behalf under the Policy.

Cancellation Grid

Cancellation period	Refund % for 1 year tenure policy	Refund % for 2 year tenure policy	Refund % for 3 year tenure policy
From 16 days to 1 month	80.00%	80.00%	80.00%
From 1 month to 3 months	60.00%	70.00%	75.00%
From 3 months to 6 months	40.00%	60.00%	67.50%
From 6 months to 9 months	20.00%	50.00%	60.00%
From 9 months to 12 months	0.00%	40.00%	52.50%
From 12 months to 15 months	NA	30.00%	47.50%
From 15 months to 18 months	NA	20.00%	40.00%
From 18 months to 21 months	NA	10.00%	32.50%
From 21 months to 24 months	NA	0.00%	25.00%
From 24 months to 27 months	NA	NA	20.00%
From 27 months to 30 months	NA	NA	12.50%
From 30 months to 33 months	NA	NA	5.00%
From 33 months to 36 months	NA	NA	0.00%



Health Insurance FAQs

1. **Why do I need Health Insurance?**
   Healthcare is expensive. Technological advances, new procedures and more effective medicines have driven up the cost of healthcare. This increase has to be borne by the consumer, making treatment unaffordable for too many. Health Insurance overcomes these obstacles so that you remain free of anxiety regarding your health. Think for a moment about the enormous medical costs you would incur if you suffered a major accident tomorrow or were suddenly stricken by an illness. Uninsured people live with such risks everyday. Health insurance seeks to shield you from that risk. It provides the much needed financial relief. You also get tax benefit under section 80D of the Income Tax Act and amendments made thereto.

2. **How will health insurance pay for my emergency medical expenses?**
   Your health insurance will either pay your hospital bills directly if opted for the cashless facility or it will reimburse any payment made by you towards medical expenses incurred due to an illness or injury as per the policy terms.

3. **What do you mean by Family Floater Policy?**
   Family Floater is one single policy that takes care of the hospitalization expenses of your entire family. The policy has one single sum insured, which can be utilized by any/all insured persons in any proportion or amount subject to maximum of overall limit of the policy sum insured, as per policy terms and conditions.

4. **Will my health insurance cover begin from day one?**
   When you get a new policy, there will be a 30 days waiting period starting from the policy inception date, during which period any hospitalization charges will not be payable by the insurance companies. However, this is not applicable to any emergency hospitalization occurring due to an accident. This waiting period will not be applicable for subsequent policies under renewal. Furthermore, in the case of a declared & accepted pre-existing disease or specific diseases, you will have to serve the waiting period of 2 years for these diseases / conditions.

5. **What is pre-existing condition in health insurance policy?**
   It is a medical condition/disease that existed before you obtained health insurance policy

6. **If my policy is not renewed in time before expiry date, will it be denied for renewal?**
   The policy will be renewable provided you pay the premium within 30 days (called as Grace Period) of expiry date. However, coverage would not be available for the period for which no premium is received by Us. The policy will lapse if the premium is not paid within the grace period.

7. **What happens to the policy coverage after a claim is filed?**
   After a claim is filed and settled, the policy coverage is reduced by the amount that has been paid out on settlement. For Example: In January you start a policy with a coverage of ₹5 Lakh for the year. In April, you make a claim of ₹2 Lakh. The coverage available to you for the May to December will be the balance of ₹3 Lakh.

8. **What is Reset Benefit ?**
   It is a benefit that allows an insured to reinstate the entire sum insured in the policy year when it gets exhausted due to incurred claims. In case the entire cover is exhausted, it gets replenished automatically for the next hospitalization that occurs within the policy year. Reset will not trigger on first claim and reset will triggered once for same person for same illness for which the claim has already been paid in the policy.

9. **Does my policy offer worldwide cover?**
   Complete Health Insurance policy with Sum Insured 25 lacs and above Hospitalization expenses incurred abroad with a co-pay of 10%

10. **What is covered under Domiciliary Hospitalization?**
    Domiciliary Hospitalization offers coverage for medical expenses in a situation where the Insured Person is in such a state that he/she cannot be moved to a hospital or the treatment is taken at home if there's a non-availability of room in the hospital.

11. **What is Guaranteed Cumulative Bonus [GCB]?**
    GCB will be 20% every year upto 100% of SI ; with no reduction in case of claims.

12. **What is the maximum Sum Insured under the new plans?**
    All plans come with multiple Sum Insured options up to a maximum upto 100 lakh.

13. **Can I increase my Sum Insured at the time of renewal?**
    Yes, you can increase the Sum Insured at the time of renewal. However, fresh waiting period would apply for the enhanced Sum Insured (this condition would not apply on the original sum insured including the accrued Gauranteed Cumulative Bonus

^ : Waiting period of 2 years is applicable. Reset benefit will not be available for worldwide cover. The coverage is available for 45 consecutive days from the date of travel in a single trip and 90 days on cumulative basis in a policy year.

^ ^ : This service is available on our mobile application or by calling on 040-66274205 (please note that this number is subject to change) from 8am to 8pm from Monday to Saturday except public holidays.

: This is an assistance service and the expenses for the same will have to be borne by the Insured Person or can be claimed under Domestic Road Ambulance Cover (if Inpatient Treatment claim is found to be admissible).

: We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Healthcare professional.

: Covers Transportation cost:

a. To the nearest Hospital with higher medical facilities which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, and only if that transportation has been prescribed in writing by a Medical Practitioner and is for Medically Necessary Treatment.
b. From a Hospital to the nearest diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital.
   The ambulance / service provider should be a registered with road traffic authority.

& : Subject to Conditions:

a. The Medical Practitioner advices the Insured Person in writing to undergo treatment at home.
b. There is a continuous active line of treatment with monitoring of the health status by a Medical Practitioner for each day through the duration of the home care treatment.
c. Daily monitoring chart including records of the treatment duly signed by the treating Medical Practitioner is maintained.
d. The condition of the Insured Person is expected to improve in a reasonable and foreseeable period of time.
e. Prior approval from Us has been taken. The Home Care Treatment is availed only on a cashless basis, subject to availability of our empaneled Service Provider(s). Kindly visit our website for cities/locations where such services are available.
f. Treatment availed is not categorized under "AYUSH" or any form of non- allopathic treatment
g. Such treatment cannot be provided on outpatient basis
   However in case of unavailability of our empaneled Service Provider in the Insured Person's location, in case the Insured Person intends to avail the services of Non-network Provider and claims for reimbursement, a prior approval from Company needs to be taken before availing such services.

In case of re-alignment of your Health Booster policy we shall refund the premium on pro rata basis for the balance tenure.



ICICI Lombard
Nibhaye Vaade

Statutory Warning

Prohibition of Rebates (Under Section 41 of Insurance Act 1938)

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

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