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For all your service requests e-mail us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

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The brochure contains only an indication of cover offered, for complete details on terms, conditions and exclusions, please refer policy document carefully before concluding a sale.

ICICI Lombard General Insurance Company Limited.

Corporate Office Address: ICICI Lombard House, 414 Veer Savarkar Marg opp Siddhivinayak Temple, Prabhadevi, Mumbai 400025. Toll free no.1800 2666

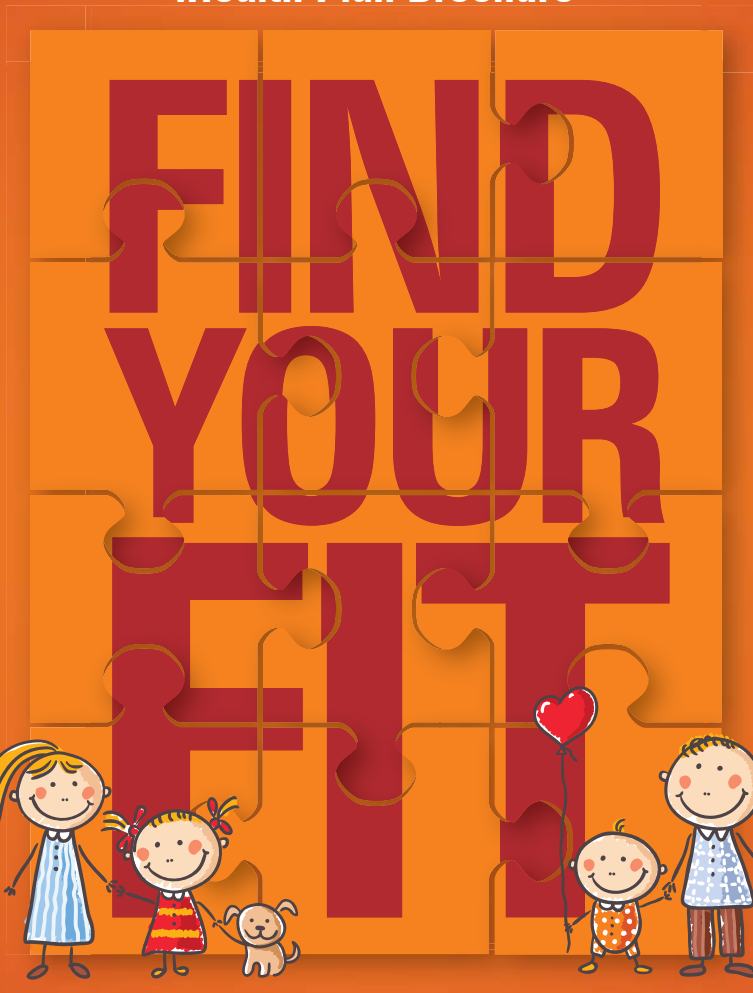
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**Aapka Plan B**

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# ICICI Lombard Complete Health Insurance iHealth Plan Brochure



## Find your Health Insurance Fit

With ICICI Lombard GIC, choosing a health insurance policy is not just a matter of saving tax at the end of the financial year. It is about finding a policy that actually works for you. Once you've decided to take a policy, we'll go about finding a policy that truly fits your needs. Factors such as age, number of family members, and preferred insurance premium all come into play. As do factors such as hospitalisation and a few others, which can be added on as per your needs. Once selected, a single policy will provide a health cover that fits you and your family like a glove.

### ICICI Lombard Complete Health Insurance

#### iHealth Plan (Sum Insured upto ₹ 10 Lacs)

##### Coverages

**Hospitalisation Cover:** All expenses pertaining to in-patient hospitalisation such as boarding and nursing expenses, intensive care unit charges, surgeon's & doctor's fee, anesthesia, blood, oxygen, operation theatre charges incurred during hospitalisation for a minimum period of 24 consecutive hours are covered under basic hospitalisation cover.

**Day Care Surgeries/Treatments Coverage:** All the medical expenses incurred while undergoing Specified Day Care Procedures/Treatment, (as mentioned in the list, please visit <https://www.icicilombard.com/health-insurance/family-floater.cms> for complete details), which require less than 24 hours hospitalisation are covered.

**Pre and Post Hospitalisation Expenses:** Medical expenses incurred, immediately, 30 days before and 60 days after hospitalisation will be covered.



**Domestic Road Emergency Ambulance Cover:** Reimbursement up to ₹ 1,500 per hospitalisation for reasonable expenses incurred by you on availing an ambulance service offered by a hospital/ambulance service provider in an emergency condition.

## Optional Add ons

### Option 1: Hospital Daily Cash + Convalescence Benefit

**Hospital Daily Cash:** A certain amount (as per the Sum Insured chosen) will be paid once during the policy period for each and every completed day of hospitalisation subject to maximum of 10 consecutive days with 3 days deductible,

- a) For Sum Insured of ₹ 1 Lac/2 Lacs - Hospital Daily Cash of ₹500 per day .
- b) For Sum Insured of ₹ 3/4/5 Lacs - Hospital Daily Cash of ₹1000 per day .
- c) For Sum Insured of ₹ 7/10 Lacs - Hospital Daily Cash of ₹2000 per day

**Convalescence Benefit:** A benefit amount of ₹ 10,000 per insured once during the Policy Period will be paid in case of hospitalisation arising out of any Injury or Illness as covered under the Policy, for a period of consecutive 10 days or more.

### Option 2\*: Critical Illness Cover + Donor Expenses

**Critical Illness Cover:** The customer can opt for Critical Illness cover covering specified Critical Illnesses/medical procedures like Cancer, Coronary Artery By-pass Graft Surgery, Myocardial Infarction (Heart Attack), End Stage Renal Failure (Kidney Failure), Major Organ Transplant, Stroke, Paralysis, Heart Valve Replacement Surgery and End Stage Liver Failure. A benefit amount is paid once during the policy period up on the diagnosis of the specified Critical Illnesses upto Policy Sum Insured.

**Donor Expenses:** Reimbursement up to ₹ 50,000 for such medical expenses as incurred by the organ donor for undergoing any organ transplant surgery for you.

*\*Max of 2 adults can be covered up to 60 years. This option is not available to Sum Insured ₹ 1 lac/2 Lacs*



## Features

**Lifetime Renewability:** The Policy provides for life-long renewal without any entry age restriction

**Pre-Existing Disease:** Pre-Existing conditions/diseases will be covered immediately after 2 years/4 years\* of continuous coverage under the policy, if the policy is issued for the first time with us. 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. (\*4 years is only applicable for ₹ 1 Lac/2 Lacs Sum Insured.)

**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. Any individual above 3 months of age can be covered under the policy provided 1 Adult is also covered under the policy.

**Voluntary Deductible#:** In case You opt for voluntary deductible amount under the Policy, We will offer You a discount in premium

Deductible amount is the amount of any eligible claim that needs to be borne by You before any claim becomes payable by us under this Policy.

#For complete details on voluntary deductible options and discounts, please call our toll free number 1800 2666.

## Terms of Renewal

The Policy can be renewed under the then prevailing ICICI Lombard Complete Health Insurance product or its nearest substitute approved by IRDA.

**Renewal Premium:** Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.

**Floater Benefit:** Any individual above 3 months of age can be covered under the Policy provided 1 Adult is also covered under the Policy.

**Grace Period:** The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable for any Claim which occurs during the Grace Period.

**Cumulative Bonus under the Policy:** At the time of renewal of this Policy, We will provide an additional sum insured (hereinafter referred to as "Additional Sum Insured") as follows, provided that there is no claim under this Policy during the Policy Period except as an Out-patient.

The customer is entitled for an Additional Sum Insured of 10% of Sum Insured, for every claim free policy year under the policy on its renewal subject to a maximum of 50%.

However, in the event of a claim under the Policy during any subsequent Policy Period, the accrued Additional Sum Insured will be reduced by 10% of the Sum Insured at the time of renewal of this Policy.

**Sum Insured Enhancement:** You can enhance Your sum insured under the Policy only upon renewal, subject to underwriters' approval.

**Policy Period:** Option of choosing 1 or 2 year Policy Period under various plans offered.

**Cashless Hospitalisation:** Avail Cashless Hospitalisation at any of our network providers/ hospitals.

A list of these hospitals/ providers will be sent along with the policy.

Premium details: The premium for specific combination as per your need is available at below link.

<https://www.icicilombard.com/health-insurance/family-floater.cms>

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**Free Health Check up:** The customer is entitled for a Free 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.

**Tax Benefit:** Avail tax saving benefit on premium paid under Health section of this Policy, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter. *(Tax Benefits are subject to change in tax laws)*

**Pre-Policy Medical Check up:** No medical tests will be required for insurance cover below the age of 46 years.

**Cancellation of Policy:** You may cancel this Policy by giving Us 15 days written notice and in such case We shall refund premium on short term basis for the unexpired Policy Period as per the rates detailed below, provided no claim has been payable on Your behalf under the Policy:

Policy Period	Cancellation Period				
	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year	During 2nd Year
1 year	75% premium	50% premium	25% premium	0% premium	NA
2 year	75% premium	65% premium	50% premium	25% premium	0% premium

**Wide range of Sum Insured:** The customer has option to choose a wide range of Sum Insured upto ₹ 10 Lac as per his/her needs

**Value Added Services:** Avail of value added services like Free Health Check-up, online chat with doctors specialist e-consultation with one follow up session, Dietician and Nutrition e-consultation, discount on wellness services\* (Discount Coupon book).

*\* The deals and discounts may vary, please visit [www.icicilombard.com](http://www.icicilombard.com) or call 1800 2666 for updated deals and discounts.*

**Sub-limits:** There is no Sub-limit in the base policy, however the customer can get the hospitalisation cover with a reduced premium by limiting the medical expenses pertaining to specified medical and surgical procedures as provided adjacent table.

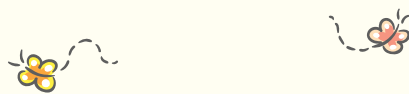
No sub-limits shall be applicable on any Major Medical Illness & Procedures and Joint Replacement Surgery. Major Medical Illness & Procedures for the purpose of this Policy shall mean and include the following:

- Cancer
- Multiple Sclerosis
- All brain related surgeries
- All Cardiac surgeries/conditions including but not limited to Heart Valve Replacement, Coronary Artery Bypass Graft (CABG) and Myocardial Infarction
- End Stage Renal Failure
- Stroke
- Major Organ Transplant
- Paralysis

The sub-limits mentioned above shall be applicable for one 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.

S. No.	Surgeries / Medical Procedures	Sub-limits (₹)		
		A <sup>1</sup>	B <sup>1</sup>	C <sup>2</sup>
01	Cataract per eye	10,000	15,000	20,000
02	Other Eye Surgeries	15,000	22,000	35,000
03	ENT	15,000	22,000	35,000
04	Surgeries for-Tumors/Cysts/Nodule/Polyp	15,000	30,000	60,000
05	Stone in Urinary System	15,000	30,000	40,000
06	Hernia Related	15,000	30,000	60,000
07	Appendisectomy	15,000	30,000	40,000
08	Knee Ligament Reconstruction Surgery	40,000	60,000	90,000
09	Hysterectomy	20,000	30,000	60,000
10	Fissures/Piles/Fistulas	15,000	22,000	35,000
11	Spine & Vertebrae related	40,000	60,000	90,000
12	Cellulites/Abscess	15,000	22,000	35,000
Other Surgeries & Procedures		25,000	37,000	55,000
Medical procedure (all medical expenses for any treatment not involving surgery)		10,000	15,000	25,000

<sup>1</sup> Sub-limits A & B shall be applicable for Sum Insured options ₹ 1 Lac/2 Lacs • <sup>2</sup> Sub-limit C shall be applicable for Sum Insured of ₹3/4/5 Lacs. No submit option available for Sum Insured ₹ 7/10 Lacs



## How do I claim my Insurance?

The claims for ICICI Lombard Complete Health Insurance are serviced by ICICI Lombard Health Care. ICICI Lombard's very own claims processing portal. It has always been our endeavour to provide the best of policy and services to our valued customers, ICICI Lombard Health Care is our initiative towards this commitment. In case of emergency or planned hospitalisation, just use your health ID card at ICICI Lombard Health Care network hospitals and avail of cashless service. All the claims have to be intimated 48 hours prior to hospitalization and within 24 hours post hospitalization in case of emergency. For intimating the claim, please call our 24X7 toll free number 18002666 or SMS 'HEALTHCLAIM' to 575758

(charge – Rs 3 per SMS ) or email us at [ihealthcare@icicilombard.com](mailto:ihealthcare@icicilombard.com). For treatment in non-cashless hospitals, the claim form should be filled fully after discharge from hospital and sent to ICICI Lombard Health Care office along with following documents in original\*

### Standard list of documents required

- Duly completed Claim form signed by You and the Medical Practitioner within 60 days after discharge
- 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 Hospitalization in non-Accident cases.
- Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it

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

### Major Permanent Exclusions:

1. Any illness / disease / injury pre-existing before the inception of the policy for the first 2/4 years\* as per Sum Insured opted. 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.

*\* 4 years for Sum Insured of ₹1 Lac/2 Lacs, for other Sum Insured options waiting period for Pre Existing Diseases would be 2 years*

2. Medical expenses incurred during the first 30 days of inception of the policy, except those arising out of accidents. This exclusion doesn't apply for subsequent renewals without a break

3. Non-allopathic treatment

4. Expenses attributable to self-inflicted Injury (resulting from suicide, attempted suicide)
5. Expenses arising out of or attributable to alcohol or drug use/misuse/abuse
6. Cost of spectacles/contact lenses, dental treatment
7. Medical expenses incurred for treatment of AIDS
8. Treatment arising from or traceable to pregnancy (this exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner) and childbirth, miscarriage, abortion and its consequences Congenital disease
9. Tests and treatment relating to infertility and invitro fertilization

### Exclusions for first 2 years

Certain ailments as specified below are not covered in the first two years when the cover is taken for the first time, but covered subsequently. Such waiting period shall reduce if the insured has been covered under a similar policy before opting for this policy, subject however to the portability regulations

- 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

*\*After two years of continuous coverage (subject to portability provisions), a sub-limit of ₹20,000 per eye will be applicable.*

