

## Exclusions first two years

There are certain ailments which will be excluded from treatment for the first two years from the inception date of policy.

- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Endometriosis, Hysterectomy unless because of malignancy
- All types of Hernia, Hydrocele
- Fissures and / 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 Curettages
- 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

## Terms of renewability

- Lifetime Renewability
- The policy can be renewed under the prevailing Healthcare Plus Policy plan or its nearest substitute approved by IRDA in the event, that the plan has been discontinued.
- Renewal premium - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
- Maximum entry age - The maximum entry age under this policy is 65 years.
- Grace period - The policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the company on or before the date of expiry of the policy and in no case later than 30 days (grace period) from the expiry of the policy. However, the company shall not be liable to any claim for the period for which premium is not received by the company.

- Sum Insured enhancement - Sum Insured can be enhanced only upon renewal, subject to underwriter's approval.
- Inclusion / Exclusion of insured - This policy allows to include or exclude a member in the plan only at the time of renewal.

## Premium Table (₹)

Plan	Tenure 1 Year	Number of Individuals			
		1	2	3	4
	Plans / No. of individuals covered				
Plan 1	Deductible of 2 Lakhs, Sum Insured of 5 Lakhs	4,494	7,640	10,787	13,483
Plan 3	Deductible of 3 Lakhs, Sum Insured of 8 Lakhs	3,090	5,253	7,416	9,270
Plan 5	Deductible of 4 Lakhs, Sum Insured of 10 Lakhs	2,247	3,820	5,393	6,742

Plan	Tenure 2 Years	Number of Individuals			
		1	2	3	4
	Plans / No. of individuals covered				
Plan 1	Deductible of 2 Lakhs, Sum Insured of 5 Lakhs	8,539	14,517	20,494	25,618
Plan 3	Deductible of 3 Lakhs, Sum Insured of 8 Lakhs	5,871	9,980	14,090	17,612
Plan 5	Deductible of 4 Lakhs, Sum Insured of 10 Lakhs	4,270	7,258	10,247	12,809

Premium inclusion of tax and cess



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

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IRDA Reg. No. 115. Misc 113.



Healthcare Plus Policy



## Introduction

Now your insurance cover just got bigger with Healthcare Plus Policy. A health insurance cover that takes care of excess payment that may arise due to the amount paid for illness over and above existing cover. What's more, even if you don't have a cover you can still opt for this policy and get covered for the Sum Insured.



## Features of the policy

- Individual cover for each member of the family  
Example: Mr. Badhwar, his wife and their son were covered under a health insurance policy with a Sum Insured of ₹ 2 Lakhs. He opts for Healthcare Plus Policy for his son. This policy has Sum Insured of ₹ 5 Lakhs with Deductible of ₹ 2 Lakhs. In case of hospitalisation where the bill of his son amounted to ₹ 6 Lakhs. The health policy covers ₹ 2 Lakhs while the rest of the amount got claimed under Healthcare Plus Policy.
- Single premium across different age groups
- Flexible Sum Insured and Deductibles

Plan	Sum Insured	Deductibles
Plan 1	₹ 5 Lakhs	₹ 2 Lakhs
Plan 3	₹ 8 Lakhs	₹ 3 Lakhs
Plan 5	₹ 10 Lakhs	₹ 4 Lakhs

- Tenure: Healthcare Plus Policy is available in one year or two years option

## The benefits of the policy

The above mentioned features comes with following benefits:

- No Sub - Limits
  - On room rent
  - Hospitalisation expenses
  - Diagnostic tests / Doctor's fee
- Pre - existing diseases can be covered after four continuous year of coverage with the company
- No co - payment
- Free health check - up for any one insured member in the plan upon policy renewal

- Income tax benefit under section 80D\*
- Value added services through ICICI Lombard Health Care
- Policy becomes effective when the claim amount in single incidence / hospitalisation is beyond the deductible

\*Tax benefits are subject to changes in tax laws. Tax benefit is available for premium paid for self/spouse/dependant children and dependant parents.

## Eligibility

- Enrollment age for the members proposed for this insurance is from five years to 65 years
- Proposer needs to be aged 18 years or above
- Individual(s) proposed for insurance whose age is 56 years and above have to undergo medical tests at ICICI Lombard designated diagnostic centers

## What is Deductible?

This Healthcare Plus Policy has two main components; the Sum Insured and Deductible. Sum Insured is the part that defines the maximum amount that can be claimed under this policy. Deductible is the amount after which any claim becomes admissible under this policy.

Example 1: Mr. Sharma has opted for a Healthcare Plus Policy with deductible amount of ₹ 2 Lakhs and the sum insured of ₹ 5 Lakhs.

- His claim would be payable in a scenario if a single claim amount is > (more than) ₹ 2 Lakhs
- If he has multiple claims in the policy period, which amounts to ₹ 4 Lakhs altogether and none of the claims is more than ₹ 2 Lakhs, in such a scenario this policy will not be effective and no claim would be payable

## How to claim my insurance?

The claims for Healthcare Plus Policy are serviced by ICICI Lombard Health Care, our very own claims processing portal. It has always been our endeavour to provide the best of the policy and services to our valued customers, ICICI Lombard Health Care is our initiative towards

this commitment. In case of emergency or planned hospitalization, just use your health ID card at ICICI Lombard Health Care network hospitals and avail cashless services. Call 24 hours toll free number 1800 209 8888 for complete assistance. 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:

- Claim form duly filled and signed by the insured and doctor
- Original discharge card / summary and final bill
- All investigation reports in originals
- All medicines / lab / hospital bills in original
- All payments receipts in original and should be stamped
- Any other required document depending upon the case

*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.*

## Main Exclusions

- Any illness / disease / injury existing before the inception of the policy for the first four years
- Non allopathic treatment, pregnancy and childbirth related disease, cosmetic aesthetic and obesity related treatment
- Expenses arising from HIV or AIDS and related diseases, use or misuse of liquor, intoxicating substances or drugs as well as intentional self injury
- Any 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 with company without a break
- War, riot, strike, nuclear weapons induced hospitalisation