

FAQ'S

The FAQs have been designed to ensure clear customer communication and are consistent across various plans within the product. Presence of a specific coverage question does not automatically make the customer eligible for that particular cover. Please read the Policy wordings in conjunction with the Customer Information Sheet and Policy certificate to understand Your Coverage.

Coverage

1. What does my IL HAP (ICICI Lombard Health AdvantEdge Apex Plus) policy cover?

ICICI Lombard AdvantEdge Apex Plus offers varying degrees of coverage. Please refer to the Key information sheet in this booklet to learn more about your policy coverage.

2. What is annual sum insured?

Annual sum insured denotes maximum amount of cover available during each policy year of the policy period. It includes your base sum insured and additional sum insured. SI Insured options available in the policy are 5 lacs, 7.5 lacs, 10 lacs, 15 lacs, 20 lacs, 25 lacs, 30 lacs, 40 lacs, 50 lacs, 75 lacs, 1 Crore, 1.5 crores, 2 crores , 3 crores.

3. What is Zone Based Pricing?

For the purpose of Policy issuance, the premium will be computed basis the zone chosen by the Insured Person in the proposal form. The premium that would be applicable zone wise and the cities defined in each Zone.

4. How will it affect my claim, if I get treatment in other zone?

Additional zone based Co-Payment would be levied on each and every claim (over and above the base co-payment opted by the Insured person) in case medically necessary treatment has been taken in a zone higher (Zone A being the highest followed by Zone B and then Zone C) than the zone for which premium has been paid on issuance of the policy. Zone based co-payment shall not be applicable in case of medically necessary treatment taken for road traffic accidents.

5. What are the long term policy discounting percentages ?

- 1 Year – Nil
- 2 Years – 7.5%
- 3 Years – 10%

6. What is the minimum and maximum age of entry under Health AdvantEdge ?

5 years to 65 years.

7. What are the T&C's for worldwide cover ?

Hospitalization expenses incurred abroad shall be paid up to sum insured. This benefit is available for Sum Insured of 25 Lakhs and above.

8. What are the family definitions covered ?

Grandfather, Grandmother, Father-in-law, Mother-in-law, Father, Mother, Spouse, Son, Daughter, Son-in-law, Daughter-in-law, Grandson, Granddaughter, Brother, Sister, Sister-in-law, Brother-in-law.

9. Is there an option to opt for Co-payment?

There is an option to choose for 10% & 20% co –Payment.

10. What is Home Care Treatment & is it covered ?

Medical expenses incurred by the Insured person on home care treatment maximum up to 5% of Annual Sum Insured or maximum upto Rs.25000 is covered under Home Care Treatment.

11. What is a Special Condition?

Special Condition is a disease (physical, medical or mental condition or treatment or service) which is permanently excluded from the scope of coverage under a policy and any claim pertaining to the said disease (physical, medical or mental condition or treatment or service) and any complications arising from the same are not paid under the policy. The disease (physical, medical or mental condition or treatment or service) is permanently excluded from the coverage basis the underwriting criteria with due consent of the proposer or person to be insured.

12. What is the difference between Date of Joining and Policy start date?

For a first-time policy, the policy start date and date of joining are the same. Only at the time of renewal, will the policy start date and date of joining differ. Date of joining is the date of inception of the first policy with us while the policy start date is the date from which your renewed policy starts. For fresh policy, policy start date will be the cheque date or documents inward date whichever is later. For a renewal policy, policy start date will be the cheque date or documents inward date or renewal date whichever is later.

13. Is the claim amount subject to tax?

No, the claim amount you receive under your health policy is not subject to tax.

14. What if I need to change any of the details currently reflected in the policy document?

Should you find that there are any inaccuracies in your policy certificate it is very important that you contact us to rectify them so as to ensure all material facts relating to your coverage are correct. Changes in the details of your policy can be of 2 types.

- a) **No change in premium:** Some changes, such as a spelling of name and change of address, change of date of joining or contact details will not have any impact on the premium you have paid.
- b) **Change in premium:** Some changes such as the date of birth, addition or deletion of pre-existing diseases might require the policy to be reviewed again and might change the premium on the policy.

These changes can be endorsed in the policy either by contacting us at our toll free number 1800 2666 or by e-mailing us at customersupport@icicilombard.com.

15. What is the procedure for increasing the Sum Insured (SI) at the time of renewing the policy?

Sum insured can be increased at the time of renewing the policy either online or by visiting our branch, subject to approval by medical underwriter if required. It is important to note that the waiting period will be applicable to enhanced SI from the date of enhancement, but not to the base sum insured.

16. I had not declared a pre-existing disease when I had bought the policy earlier. Can I do so now? What is the impact on my policy?

Any preexisting disease (PED) not declared at the time of policy inception will be considered as non-disclosure of the material facts and may lead to policy cancellation. To avoid this, all material facts related to PEDs should be declared before the policy issuance. However, should you need to declare any PED after policy issuance, please visit our branch office. The acceptance of the PED will be subject to our underwriting guidelines.

17. How can I cancel my policy before the expiry date?

a) Free look period (applicable only for new individual health insurance policies and not on renewals or at the time of porting/migrating the policy): You can cancel and return your policy within 15 days of receiving it by sending us the free look request form available on our website or by submitting written notice to the company either via registered post or from your registered email address. You can also call us at our toll free number 1800 2666 and let us know if you would like to cancel the policy. If you avail of this feature, the premium will be returned to you.

b) Should you wish to cancel the policy after the free look period but before the expiry date, you can do so by following the same process as above. We shall refund premium on the short term rates (as specified in policy wordings f. general terms and clauses) for the policy period remaining.

c) Premium refund will be done through NEFT mode only, please fill up and send us the NEFT form available on our website.

18. Can ICICI Lombard cancel my policy before the expiry date?

We may cancel your policy in the case of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured/ policyholder. Prior to cancelling the policy, we will send a written notice to this effect via registered post, giving 15 days' notice to the policyholder.

19. How can I file a claim?

If you need to make a claim, you must intimate us in any of the following ways:

- a) Call us at our 24*7 customer care toll free number 1800 2666
- b) Text message HEALTHCLAIM to 575758 (charged at ₹ 3 per SMS)
- c) Email us at ihealthcare@icicilombard.com.

Do ensure that you intimate us of a planned hospitalization at least 48 hours before admission. In the case of an emergency, we must be informed within 24 hours of admission. You can download claim form from our website - www.icicilombard.com.

20. How can I track my claim for current claim status details?

Once a claim is submitted, its status can be tracked on our website. You can log in to your personal section on our website - www.icicilombard.com - and check for the claim status.

21. How soon can I file a maternity claim?

A maternity claim, wherever applicable, can be filed only after the policy has completed 9 months and you have opted for a 3 year policy tenure. For maternity cover, both you and your legally wedded spouse must be covered under the same policy.

22. What is the difference between a cashless and a reimbursement claim?

Cashless and reimbursement are two different ways to settle a claim:

a) Cashless claim is a claim where we pay the agreed claim amount directly to the hospital. You need not to pay the hospital for the claim amount. You are required to inform us about the procedure or treatment and send us all the related paper work.

b) Reimbursement claim is a claim where you settle the bill with the hospital and then send us the relevant documents. We will reimburse you for the agreed claim amount.

23. Can I file multiple claims in the year?

Yes, you may file multiple claims in the year, subject to the total amount of the claims not exceeding the sum insured on your policy.

24. Will my policy cover medical treatment at any hospital I choose?

ICICI Lombard has an extensive network of hospitals with which it works to offer cashless and reimbursement facilities for your treatment. However, there are some hospitals that are delisted and ICICI Lombard will not cover any medical expenses for treatment taken in these hospitals. These delisted hospitals list is available with your policy document. The updated list of delisted hospitals is also available on our website www.icicilombard.com. Please call us at our toll free number 1800 2666 should you need more information on this.

25. How long will ICICI Lombard take to settle my claim?

Once all necessary documents have been sent to us and queries have been answered, we will process your claim. If you are availing of the cashless facility, your claim will be settled within 4 hours directly with the hospital. In case of a reimbursement facility, your claim will be settled through NEFT within 14 days of submission of all the required documents.

26. When do I have to renew my policy?

You should renew your policy prior to the expiry date of your policy. We give you a grace period of 30 days after expiry date of the policy, within which you can renew the policy without making a fresh application. During this period, you will not be covered for any ailments or accidents but the same policy can be continued. However, it is in best of your interest to pay your renewal premium while your policy is still in force so that you can enjoy uninterrupted coverage.

27. How can I renew my policy?

You can renew your policy either by paying the renewal premium online or by calling us at our toll free number 1800 2666. Alternatively, you may also visit your closest ICICI Lombard branch.

28. Will the premium be the same when I renew my policy?

Your premium depends on your age and the extent of coverage you have opted for in your policy.

If you move to a higher age band at the time of renewal, the premium will change as per new age band. In case of an individual policy, the age of individual is checked. For floater policies, age of the senior most member is considered.

- a) If, at the time of renewal, you upgrade your product to a higher sum insured, add on covers or make changes to the number of people covered, your premium will change.
- b) Addition of any optional covers
- c) Change in any policy conditions such as – floater/ individual, any co-payment opted, policy tenure, zone opted etc.
- d) Change in any tax laws by the Government

29. If I have made a claim, does that affect the renewal of my policy?

In case you have made a claim in the current year, you will not be eligible for guaranteed cumulative bonus - 20% additional sum insured. However, the accrued guaranteed cumulative bonus shall not be impacted.

30. How can I create my online account with ICICI Lombard to avail of these services?

You can avail of these services through your personal login on our website.

- a) Log on to www.icicilombard.com and click on the IL Healthcare option which you will find under 'Claims & Wellness'.
- b) Go to the customer log in section and sign up to fill in and submit the form.
- c) You will get a reference number and message informing you that your ID will be activated in 24 hours.
- d) After you receive an email with your log in credentials, log into the system to avail the value added services available for you.

With this online account you can also access your policy certificate, policy information, claim forms, list of empanelled hospitals and more. If you have any other question(s) or cannot access your account then please call us at our toll free number 1800 2666 or e-mail to us at customersupport@icicilombard.com.