



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

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 useful features and benefits that include Donor Expenses, World Wide Coverage*, Unlimited Reset*[^], Air Ambulance, Super No Claim Bonus, 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 15 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.



Super No Claim Bonus:

In case the customer has opted for this cover, there will be a 50% bonus awarded for every claim free year subject to a maximum of 100% for SI options up to 10 Lakhs and up to 200% for SI options 15 Lakhs and above.



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 etc. incurred during hospitalisation for a minimum period of 24 consecutive hours are covered under the basic hospitalisation cover.



Day Care Procedures/ Treatments: All the medical expenses incurred while undergoing Day Care Procedures / Treatment which require less than 24 hours hospitalisation are covered. Due to Technological advancement of Medical.



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 Naturaphy, 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 thdnured 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.



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 prostate (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 capping: There is room rent capping introduced in the policy which is as per plan selected.



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.



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. This is applicable unlimited times for different illness and once for same illness.



Air Ambulance Cover: Coverage up to the base Sum Insured for Air Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital.



Donor Expenses: Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for the insured person's use.



Domiciliary Hospitalisation: 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.



Hospital Daily Cash: A certain amount (as per the plan chosen) will be paid for each and every completed day of hospitalisation, if such hospitalisation is atleast for a minimum of 3 consecutive days and subject to maximum of 10 consecutive days.



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.



Nursing At Home: A certain amount (as per the plan chosen) 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.



Maternity Benefit: Reimbursement for medical expenses incurred for delivery, including a cesarean section, during hospitalisation or lawful medical termination of pregnancy during the policy period. The waiting period for maternity cover is 3 years. The cover shall be limited to 2 deliveries / terminations during the period of insurance. Pre - natal and Post - natal expenses shall be covered under this benefit. This cover is applicable only for floater plan having Self and Spouse in the same policy. (Inbuilt under Health Elite and Health Elite Plus plans only)



New Born Baby Cover: The new born child can be covered under this policy during hospitalisation for a maximum period up to 91 days from the date of birth of the child. This cover will be provided only if maternity cover is opted. (Inbuilt under Health Elite and Health Elite Plus plans only)



Critical Illness^{*}: The customer can opt for Critical Illness Cover covering specified Critical Illnesses / medical procedures like Cancer of specified severity, Open chest CABG, First heart attack - of specified severity (Myocardial infarction), Kidney failure requiring regular dialysis, Major organ /bone marrow transplant, Stroke resulting in permanent symptoms, Permanent paralysis of limbs, Open heart replacement or repair of heart valves, End stage liver failure. A benefit amount is paid up on the diagnosis of the chosen critical illness.



Personal Accident Cover^{*}: The customer can also opt for a Personal Accident Cover where a fixed sum is paid upon the unfortunate event of Accidental Death or Permanent Total Disablement resulting from an accident. This cover can be availed only once during your lifetime. Once a claim becomes payable under this cover, no benefit will be provided under the same thereafter.

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

Critical Illness and Personal Accident covers available only for adults, subject to maximum of 2 Adults only up to 60 years of age.

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 and Health Shield plans, which offers a host of benefits to cater to all your healthcare needs.

Plan Name		Health Elite
Basic Covers / Optional Covers	Covers	3,4,5,7,10,15,20,25,30,50
Basic Covers	In Patient Treatment	Upto SI
Basic Covers	Daycare procedures and treatment	All procedures covered
Basic Covers	Coverage for modern treatments	Upto Sum Insured
Basic Covers	Pre Hospitalisation	30 days
Basic Covers	Post Hospitalisation	60 days
Basic Covers	In Patient AYUSH hospitalisation	Upto 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 SI max up to Rs. 10,000.
Basic Covers	Air Ambulance Cover	Upto Sum Insured
Basic Covers	Donor expenses	Upto Sum Insured
Basic Covers	Domiciliary hospitalisation	Upto Sum Insured
Basic Covers	Home Care Treatment	Covered upto 5% of SI max upto Rs. 25,000
Basic Covers	Wellness Program (Wellness program, Health Assistance, Ambulance Assistance, Discounts on service & products)	Available
Basic Covers	Guaranteed Cumulative Bonus (GCB)	Incise of every claim free year - 20% upto 100% of SI ; with no reduction in case of claims
Basic Covers	Preventive Health check up	Available
Basic Covers	Tele consultations	Unlimited
Basic Covers	Discount on vaccination against Pneumococcal disease	Available
Optional Covers		
Optional Covers	Hospital Daily Cash	Available
Optional Covers	Convalescence Benefit	Rs. 10,000
Optional Covers	Nursing at Home	Available
Optional Covers	Compassionate Visit	Rs. 20,000
Optional Covers	Critical Illness	"For SI up to 10 L- Up to SI For SI 15L and above - 50% of SI, Max upto 25 lacs"
Optional Covers	Personal Accident	Upto SI; max upto 50 lacs
Optional Covers	Out Patient Treatment	SI 3/4/5 L: Rs 5000 SI 7L, 10L : Rs 10,000 SI 15L and above : Rs. 20,000
Optional Covers	Maternity Benefit + New born cover	SI 3,4,5L- Rs. 30,000 for normal and LSCS inclu pre/post natal, Rs. 10,000 for new born 3 years waiting period Rs. 7L and 10L- 60,000 for normal and LSCS incl pre/post natal, Rs Rs. 10,000 for new born 3 years waiting period Rs. 15L and bove- 60,000 for normal and LSCS incl pre/post natal, Rs Rs. 1,00,000 for new born 3 years waiting period"
Optional Covers	Super No claim Bonus	Optional
Optional Covers	Sum Insured Protector	Optional
Optional Covers	Claim Protector	Optional
Optional Covers	World Wide Cover	Available, 15 lacs to 50 Lacs
Waiting Periods / Sub-Limits / Co-payments/ Room Rent capping		
Waiting Period	Initial waiting period	30 days
Waiting Period	PED waiting period	24 months
Waiting Period	Specified Disease/ Procedure waiting	24 months
Waiting Period	Maternity Cover	3 years
Waiting Period	Waiting period for Diabetes, Hypertension and Cardiac conditions	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 SI max upto Rs1 lac per eye
Optional Covers	Voluntary Co-payment	Optional (5%,10%,15%,20%)
Basic Covers	Room rent capping	No room rent capping

HEALTH ELITE - ZONE A

RATES ARE INCLUSIVE OF GST

Max Age (in Yrs)				5 Lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	12639	17201	21031	20007	23836	29592	35348
26_35	13481	17816	21553	21237	24881	30637	36392
36_45	14979	18909	22482	21489	24804	30560	36316
46_50	19246	23346	26480	29214	31500	37482	43464
51_55	26970	29525	31732	41353	41785	47767	53749
56_60	35909	36676	37810	55655	53942	59924	65906
61_65	48738	46939	46534	76182	71390	77372	83353
66_70	63252	63970	70098	108909	114016	121498	128980
71_75	70034	69938	75930	120846	125680	133163	140645
76_80	79970	78681	84475	138332	142770	150252	157734
>80	92319	89548	95094	160067	164011	171493	178975

Max Age (in Yrs)				10 lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	17089	22293	26693	27570	31969	38587	45205
26_35	18063	23004	27296	28992	33177	39795	46413
36_45	19966	24394	28475	28134	31900	38518	45136
46_50	25247	29813	33346	37166	39657	46536	53416
51_55	34398	37133	39567	51395	51690	58570	65449
56_60	44990	45607	46771	68343	66096	72975	79854
61_65	60168	57750	57091	92628	86738	93617	100496
66_70	77223	77782	84793	131156	136954	145562	154170
71_75	85307	84897	91745	145385	150859	159468	168076
76_80	97104	95278	101891	166147	171150	179758	188366
>80	110631	107182	113525	189956	194418	203026	211633

Policy Tenure: 1 year

HEALTH ELITE - ZONE A

RATES ARE INCLUSIVE OF GST

Max Age (in Yrs)				25 lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	26046	32529	38047	40029	45547	53892	62236
26_35	27275	33427	38809	41824	47072	55417	63760
36_45	29709	35204	40319	40210	44923	53266	61610
46_50	36285	41993	46432	51291	54421	63102	71783
51_55	47860	51255	54304	69227	69580	78260	86941
56_60	61487	62155	63569	91027	88110	96791	105472
61_65	80916	77699	76781	122115	114535	123216	131896
66_70	102837	103389	112232	171537	178833	189715	200597
71_75	112930	112269	120911	189298	196191	207073	217955
76_80	127829	125381	133726	215523	221819	232701	243584
>80	145179	140650	148646	246058	251661	262543	273425

Max Age (in Yrs)				50 lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	29508	37599	44520	45100	52021	62522	73023
26_35	31065	38736	45485	47373	53951	64454	74955
36_45	34151	40988	47399	46709	52608	63110	73611
46_50	42490	49607	55162	61231	65131	76062	86994
51_55	57160	61342	65138	84116	84495	95427	106359
56_60	74425	75155	76878	111741	107977	118908	129840
61_65	99046	94851	93620	151134	141461	152393	163324
66_70	126824	127405	138544	213761	222937	236659	250380
71_75	139612	138659	149542	236268	244933	258655	272377
76_80	158494	155274	165780	269499	277409	291130	304852
>80	180479	174621	184687	308193	315222	328944	342666

Policy Tenure: 1 year

Plan Name		Health Shield
Basic Covers / Optional Covers	Covers	3, 4, 5, 7, 10, 15, 20, 25, 30, 50
Basic Covers	In Patient Treatment	Upto SI
Basic Covers	Daycare procedures and treatment	All procedures covered
Basic Covers	Coverage for modern treatments	Upto Sum Insured
Basic Covers	Pre Hospitalisation	30 days
Basic Covers	Post Hospitalisation	60 days
Basic Covers	In Patient AYUSH hospitalisation	Upto 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 SI max up to Rs. 10,000.
Basic Covers	Air Ambulance Cover	Upto Sum Insured
Basic Covers	Donor expenses	Upto Sum Insured
Basic Covers	Domiciliary hospitalisation	Upto Sum Insured
Basic Covers	Home Care Treatment	5% of SI max upto Rs. 25,000
Basic Covers	Wellness Program (Wellness program, Health Assistance, Ambulance Assistance, Discounts on service & products)	Available
Basic Covers	Guaranteed Cumulative Bonus [GCB]	Incase of every claim free year - 20% upto 100% of SI ; with no reduction in case of claims
Basic Covers	Preventive Health check up	Available
Basic Covers	Tele consultations	Unlimited
Basic Covers	Discount on vaccination against Pneumococcal disease	Available
Optional Covers		
Optional Covers	Hospital Daily Cash	SI 3,4,5L - Rs.1,000/day SI 7L and 10L - Rs. 2,000/day SI 15L and above- Rs. 3,000/day
Optional Covers	Convalescence Benefit	Rs. 10,000
Optional Covers	Nursing at Home	SI 3 to 7L: Rs. 1000 per day SI 10L- Rs. 2,000 per day SI 15L and above- 3,000 per day
Optional Covers	Compassionate Visit	Rs. 20,000
Optional Covers	Critical Illness	For SI up to 10 L- Up to SI For SI 15L and above - 50% of SI, Max upto 25 lacs"
Optional Covers	Personal Accident	Upto SI; max upto 50 lacs
Optional Covers	BeFit	Available
Optional Covers	Out Patient Treatment	Not available
Optional Covers	Maternity Benefit + New born cover	Not available
Optional Covers	Super No claim Bonus	Optional
Optional Covers	Sum Insured Protector	Optional
Optional Covers	Claim Protector	Optional
Optional Covers	World Wide Cover	Available, 15 lacs to 50 Lacs
Waiting Periods / Sub-Limits / Co-payments/ Room Rent capping		
Waiting Period	Initial waiting period	30 days
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 SI max upto Rs1 lac per eye
Optional Covers	Voluntary Co-payment	Optional (5%,10%,15%,20%)
Basic Covers	Room rent capping	No room rent capping

HEALTH SHEILD - ZONE A

RATES ARE INCLUSIVE OF GST

Max Age (in Yrs)				5 Lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	9541	14103	17933	14103	17933	23689	29444
26_35	10384	14718	18456	15333	18978	24733	30489
36_45	11881	15812	19385	17520	20835	26590	32346
46_50	16149	20248	23382	25898	28184	34166	40147
51_55	23872	26427	28634	38256	38688	44670	50651
56_60	32811	33578	34713	52558	50845	56826	62808
61_65	45640	43842	43436	73084	68292	74274	80256
66_70	60155	60872	67000	105812	110918	118400	125883
71_75	66936	66840	72832	117748	122583	130065	137548
76_80	76872	75584	81378	135235	139672	147155	154637
>80	89221	86451	91997	156970	160913	168395	175878

Max Age (in Yrs)				10 lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	10894	16098	20498	16098	20497	27115	33733
26_35	11868	16809	21101	17521	21705	28323	34941
36_45	13771	18199	22280	20299	24065	30683	37301
46_50	19052	23618	27151	30559	33050	39930	46809
51_55	28203	30938	33372	45200	45495	52375	59254
56_60	38795	39412	40576	62148	59901	66780	73659
61_65	53973	51555	50896	86433	80543	87422	94301
66_70	71028	71587	78598	124961	130759	139367	147975
71_75	79112	78702	85550	139190	144664	153273	161881
76_80	90909	89083	95696	159952	164955	173563	182171
>80	104436	100987	107330	183761	188223	196831	205438

Policy Tenure: 1 year

HEALTH SHIELD - ZONE A

RATES ARE INCLUSIVE OF GST

Max Age (in Yrs)				25 lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	13656	20139	25657	20139	25657	34002	42346
26_35	14885	21037	26419	21934	27181	35526	43870
36_45	17319	22814	27929	25488	30201	38545	46888
46_50	23895	29603	34042	38315	41446	50126	58808
51_55	35470	38865	41914	56837	57190	65870	74551
56_60	49097	49765	51179	78637	75720	84401	93082
61_65	68526	65309	64391	109725	102145	110826	119506
66_70	90447	90999	99842	159147	166443	177325	188207
71_75	100540	99879	108521	176908	183801	194683	205565
76_80	115439	112991	121336	203133	209429	220311	231194
>80	132789	128260	136256	233668	239271	250153	261035

Max Age (in Yrs)				50 lacs			
	1A	1A+1K	1A+2K	2A	2A+1K	2A+2K	2A+3C
0_25	17118	25209	32130	25209	32130	42632	53133
26_35	18675	26346	33095	27483	34061	44563	55065
36_45	21761	28598	35009	31987	37887	48388	58890
46_50	30100	37217	42772	48255	52155	63087	74018
51_55	44770	48952	52748	71726	72105	83037	93969
56_60	62035	62765	64488	99351	95587	106518	117450
61_65	86656	82461	81230	138744	129071	140003	150934
66_70	114434	115015	126154	201371	210547	224269	237990
71_75	127222	126269	137152	223878	232543	246265	259987
76_80	146104	142884	153390	257109	265019	278740	292462
>80	168089	162231	172297	295803	302832	316554	330276

Policy Tenure: 1 year

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 Lakhs 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.

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

1



Reimbursement Claims

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

2



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

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).

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) with the hospital after completion of all formalities

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-authorization 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^s
 - 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

^sAfter 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

- Any illness / disease / injury pre-existing before the inception of the policy for the first 2 years. 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.
- 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.
- 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, We 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 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 Plan

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?

Basis the plan and add on selected, Complete Health Insurance policy covers 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 Guaranteed Cumulative Bonus

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



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 punishable with fine, which may extend to Ten Lakh rupees.

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