



ICICI LOMBARD COMPLETE HEALTH INSURANCE

HEALTH ELITE PLUS PLAN

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 countless features and benefits that include Donor Expenses, Emergency Assistance, World Wide Coverage, Unlimited Reset, Air Ambulance, Super No Claim Bonus, ASI Protector, 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 10 Lacs 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 10L and up to 200% for SI options 15L and above.



Emergency Services:

- i. Domestic Road Ambulance - Expenses incurred on road ambulance services will be covered. Coverage limit under this shall be 1% of the SI up to a maximum of ₹10,000
- ii. Assistance for ambulance
- iii. Tele-consultation



Unlimited 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 additional Sum Insured (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.



ASI Protector:

ASI accrued by the customer shall not be impacted if any one claim or multiple claims admissible in the previous year does not exceed the overall amount of ₹50,000. This benefit is available for Sum Insured of 5 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.



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.



Domicillary 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.

**These are add-on covers except for Emergency Services. Add-covers are available by paying extra premium.*



The Coverage Entails:



Hospitalisation Cover: 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 Surgeries / Treatments Coverage: 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 Expenses: Medical expenses incurred, immediately, 30 days before and 60 days after hospitalisation will be covered.



In Patient AYUSH Treatment: 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.



Unlimited 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 additional Sum Insured (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.



Emergency Services:

1. Domestic Road Ambulance: Reimbursement up to 1% of Sum Insured maximum up to ₹10,000 per hospitalisation for reasonable expenses incurred on availing an ambulance service offered by a hospital /ambulance service provider in an emergency condition.
2. Ambulance Assistance: Ground medical transportation assistance by a Service provider to transport the Insured Person to the nearest Hospital or any clinic or nursing home for medically necessary treatment on cashless basis.
3. Tele Consultation: Consultations and recommendations for routine health issues by a qualified Medical Practitioner or health care professional.



ASI: An Additional Sum Insured of 10% of Annual Sum Insured provided on each renewal for every claim free year up to a maximum of 50%. In case of a claim under the policy, the accumulated Additional Sum Insured will be reduced by 10% of the Annual Sum Insured in the following year.



Wellness Program: The wellness points so accrued by You can be redeemed against out-patient medical expenses like consultation charges, medicines and drugs, diagnostics etc



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.



Hospital Daily Cash Allowances*: 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)



Out-patient Treatment Cover*: Reimbursement for the medical expenses incurred as an Outpatient (OPD).



Critical Illness*: The customer can opt for Critical Illness Cover covering specified Critical Illnesses / medical procedures like Cancer of Specified Severity, First Heart Attack - of Specified Severity, Open Chest Cabg, Stroke Resulting in Permanent Symptoms, Permanent Paralysis of Limbs, Kidney Failure Requiring Regular Dialysis, Major Organ / Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Open Heart Replacement or Repair of Heart Valves, Coma of specified severity. 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.

**Add on not mandatory and are available for a nominal extra cost. Critical Illness and Personal Accident available only for adults, subject to maximum of 2 Adults only up to 60 years of age.*

ICICI Lombard Complete Health Insurance - Health Elite Plus Plan

Plan Name	Health Elite Plus					
	Sum Insured	Cover Type	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
In Patient Treatment	In built			✓		
Pre Hospitalisation	In built			30 days		
Post Hospitalisation	In built			60 days		
Daycare Procedures and Treatment	In built			✓		
PED waiting period (Declared & Accepted)	In built			2 years		
In Patient AYUSH hospitalisation	In built			✓		
Donor Expenses	In built			Upto 10 lakhs		
Unlimited Reset benefit	In built			✓		
Domicillary hospitalisation	In built			✓		
Air Ambulance Cover	In built			✓		
ASI Protector	In built			✓		
Additional Sum Insured (ASI)	In built			✓		
Emergency Services						
Domestic Road Ambulance	In built			₹10,000		
Ambulance Assistance	In built			✓		
Tele Consultation	In built			✓		
Value Added Service (VAS)						
Health Check-up	In built			✓		
Online Chat with Doctor	In built			✓		
E-Second Opinion	In built			✓		
Dietician & Nutrition e-consultation	In built			✓		
Health Assistance	In built			✓		
Wellness Program	In built			✓		
Claim Protector	In built			✓		
Sum Insured Protector	In built			✓		
World Wide Cover (Planned; 10% Copay)	In built			✓		
Super No Claim Bonus	In built			✓		
Hospital Daily Cash	In built			₹3,000 per day		
Convalescence Benefit	In built			₹10,000		
Maternity with New Born Baby Cover (3 years waiting period)	In built			Normal: ₹25,000; Cesarean: ₹50,000 Pre post Natal: ₹2,000 each New Born: ₹100,000		
Outpatient Treatment Cover	In built			₹20,000		
Nursing at Home	In built			₹3,000 per day		
Compassionate Visit	In built			₹20,000		
Critical Illness	Optional Add On			Upto 50% of SI		
Personal Accident	Optional Add On			Upto SI		

HEALTH ELITE PLUS - PREMIUM CHART

SI	1,500,000						2,000,000					
Age / SI	Indiv.	1A+1K	1A+2K	2A	2A+1K	2A+2K	Indiv.	1A+1K	1A+2K	2A	2A+1K	2A+2K
0-25	30,150	40,168	49,248	48,274	57,390	69,483	31,467	42,091	51,587	50,202	59,853	72,762
26-35	31,348	41,042	49,991	50,023	58,875	70,969	32,766	43,039	52,393	52,098	61,464	74,373
36-40	39,197	46,772	54,857	57,641	64,768	76,860	41,321	49,284	57,697	60,748	68,231	81,140
41-45	39,351	46,899	54,983	57,871	64,997	77,030	41,489	49,423	57,837	60,998	68,481	81,326
46-50	50,900	58,685	65,878	78,534	83,385	96,166	54,089	62,286	69,730	83,622	88,626	102,289
51-55	73,512	76,730	81,254	114,595	114,124	126,892	78,807	82,011	86,538	123,045	122,229	135,879
56-60	86,152	87,066	90,128	135,038	131,741	144,379	92,650	93,330	96,255	145,431	141,520	155,026
61-65	128,946	121,709	119,761	204,127	190,799	203,270	139,362	131,144	128,600	220,844	205,984	219,310
66-70	166,601	164,743	176,869	288,012	297,649	312,576	180,481	178,145	190,982	312,456	322,688	338,701
71-75	180,542	177,012	188,858	312,550	321,628	336,555	195,768	191,597	204,128	339,360	348,980	364,993
76-80	200,182	194,294	205,748	347,115	355,408	370,335	217,258	210,507	222,609	377,182	385,944	401,958
>80	217,633	209,652	220,757	377,830	385,425	400,352	236,540	227,477	239,193	411,120	419,110	435,123

SI	2,500,000						5,000,000					
Age / SI	Indiv.	1A+1K	1A+2K	2A	2A+1K	2A+2K	Indiv.	1A+1K	1A+2K	2A	2A+1K	2A+2K
0-25	32,666	43,840	53,936	51,956	62,095	75,747	36,674	49,689	61,248	57,821	69,924	85,726
26-35	34,047	44,848	54,793	53,972	63,807	77,459	38,129	50,751	62,150	59,946	71,728	87,531
36-40	43,281	51,589	60,518	63,612	71,416	85,068	49,529	59,073	69,218	72,749	82,023	97,826
41-45	43,462	51,739	60,667	63,884	71,687	85,269	49,759	59,264	69,408	73,092	82,278	98,081
46-50	57,049	65,609	73,491	88,345	93,476	107,941	66,447	76,319	85,192	103,336	109,153	126,156
51-55	83,744	86,912	91,644	130,919	129,766	144,216	99,901	103,015	107,941	156,689	154,613	171,616
56-60	98,621	99,079	102,090	154,982	150,504	164,798	117,907	117,756	120,603	185,827	179,543	196,546
61-65	149,039	139,894	137,003	236,381	220,085	234,185	180,470	168,416	163,942	286,853	265,665	282,668
66-70	193,370	190,569	204,266	335,154	345,920	362,917	235,022	230,844	246,907	408,509	420,794	441,398
71-75	209,776	205,005	218,375	364,027	374,137	391,134	254,711	248,171	263,840	443,161	454,659	475,263
76-80	232,833	225,296	238,204	404,609	413,797	430,793	282,119	272,290	287,411	491,400	501,801	522,405
>80	253,580	243,553	256,046	441,123	449,480	466,477	308,256	295,290	309,888	537,400	546,756	567,360

Rates are inclusive of GST, 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 50 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.

Value Added Services: 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-authorization 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-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*
 - Arthritis, gout, rheumatism and spinal disorders
 - Dilatation and curettage, Endometriosis
 - Varicose Veins / Varicose Ulcers
 - Joint replacements unless due to accident
 - Stones in the urinary and biliary systems
 - Deviated Nasal Septum
 - All types of internal congenital anomalies / illness / defects
 - Myomectomy, Hysterectomy unless because of malignancy
 - All types of Skin and internal tumors / cysts / nodules / polyps of any kind including breast lumps unless malignant
 - All types of Hernia, Hydrocele
 - Surgery on tonsils, adenoids and sinuses
 - Gastric and Duodenal erosions and ulcers
 - Benign Prostatic Hypertrophy
 - Sinusitis and related disorders
 - Dialysis required for chronic renal failure
 - Fissures / Fistula in anus, hemorrhoids / piles

**After two years of continuous coverage (subject to portability provisions), a Sub - Limit of 1 Lakh per eye will be applicable for Sum Insured greater than 5 Lakhs and 20,000 for the Sum Insured 5 Lakhs and below.*

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 4 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 3 hours post receiving necessary documents.

How To Earn Wellness Points?

To earn wellness points, follow the appended below steps:

- Collect relevant reports / receipts and bills for the specific category of activity / activities under which you want to earn your wellness points.
- Send the requisite documents along with dully filled submission form to ICICI Lombard Health Care, ICICI Bank tower, Plot No. 12, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500 032.
- An acknowledgment will be sent and keep you updated regarding the status of your points accumulation request.
- To track your earned points, Call our toll free no. 1800 2666 or send email to ihealthcare@icicilombard.com. You can also access your earned points by simply log - on to www.icicilombard.com -> claims and wellness management.
- Your total wellness points earned will be sent to your registered email - id once in every 3 months.
- Each wellness point is equivalent to 0.25 INR.

You can redeem your earned wellness points against reimbursement of medical expenses like consultation charges, medicine and drugs, diagnostic expenses, dental expenses, wellness and preventive care and other miscellaneous charges that are not covered under any medical insurance.

To redeem your wellness points under OPD, follow the appended below steps:

- Collect all original bills of medicines / consultations, expenses of which you would like to redeem against the points accumulated.
- Send the original bills / invoices, test reports if any along with the duly completed redemption form to ICICI Lombard Health Care, ICICI Bank tower, Plot No. 12, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500 032.
- We will acknowledge you once the documents are received and keep you updated regarding the status of your redemption request.
- To track the status yourself, call on our toll free no. 1800 2666 or simply log - on to www.icicilombard.com
> Claims and Wellness management ->Track your claims. Enter your Claim No. or AL No. and click on search to know the status of your claim.
- You can also send in a email to ihealthcare@icicilombard.com to enquire about status of your redemption request.

Maximum points that can be earned under each category are as mentioned in the Table 1.



Table 1. List of wellness activities

Activity	Points accumulated per insured	Points accumulated per floater policy
1. Health Risk Assessment	250	500
2. Medical Risk Assessment*	1000	2000
3. Heart related screening tests (under PRA**) above 45 years.	500	500
4. HbA1c / Complete lipid profile (under PRA) any age	500	500
5. PAP Smear (under PRA) for females above age 45	500	500
6. Mammogram (under PRA) for females above age 45	500	500
7. Prostate Specific Antigen (PSA) (under PRA) males above age 45	500	500
8. Any other test as suggested by our empanelled Medical expert (under PRA)	500	500
9. Gym / Yoga membership for 1 year	2500	2500
10. Participation in professional sporting events like Marathon / Cyclothon / Swimathon, etc.	2500	2500
11. Participation in any other health and fitness activity / event organised by ICICI Lombard	2500	2500
12. Quit smoking - based on self declaration	100	100
13. Share your fitness success story	100	100
14. On winning any Health quiz organized by us	100	100

**Under MRA from 2nd year onwards, if tests are within normal limits, additional 1000 / 2000 points will be awarded.*

***PRA stands for Preventive Risk Assessment.*

Note: For HRA and MRA, the customer doesn't need to submit any form or documents as the points earned under those categories will automatically be updated against the policy.



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.

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%

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



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 Unlimited 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 cannot be used by 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 Super No Claim Bonus?

In case the customer has opted for this additional cover with extra premium, 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.

12. What is the maximum Sum Insured under the new plans?

All plans come with multiple Sum Insured options up to a maximum of 50 Lakhs

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 Additional Sum insured)



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.

ICICI trade logo displayed above belongs to ICICI Bank and is used by ICICI Lombard GIC Ltd. under license and Lombard logo belongs to ICICI Lombard GIC Ltd. The advertisement contains only an indication of the cover offered. Add on cover is covered if insured opts for it by paying additional applicable premium. For complete details on risk factors, terms, conditions, coverages and exclusions, please read the policy document carefully before concluding a sale. ICICI Lombard General Insurance Company Limited. Registered Office: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi, Mumbai - 400 025. IRDA Reg. No. 115. ICICI Lombard Complete Health Insurance. UIN: ICIHLP21383V052021. Misc 128. Toll Free No. 1800 2666. Fax No 02261961323. CIN L67200MH2000PLC129408. Website: www.icicilombard.com. Email: customersupport@icicilombard.com. ADV/10740.