

ICICI Lombard Group Health Insurance (UIN: ICIHLGP02001V030102)

Key Benefits, Exclusions, Disclaimers & Policy Coverage

A. Eligibility

- The customer can buy the policy for self, spouse, father and mother. The insured should be within the age band of 56 (Fifty Six) years and 75 (Seventy Five) years.
- The policy can cover maximum 2 adults in a policy.
- Sum Insured options: 5 lakh and 10 lakh
- This being a Group Insurance policy, Customer has to be an ICICI Bank customer at time of purchase/renewal.
- **Policy term is for a period of one year from the date of issuance.**
- **This being a Group Insurance Policy, it is noteworthy that in case if the customer closes the Bank account, the benefits under this policy shall cease upon expiry of the policy term and the customer may not be eligible for renewal of this policy. Customer can purchase another retail policy from ICICI Lombard. Further, in line with extant IRDAI regulations, customer shall also have the right to migrate from ICICI Lombard Group Health Insurance to an individual health insurance policy or a family floater policy as may be issued by ICICI Lombard to transfer the credit gained for pre-existing conditions and time bound exclusions. However, the customer shall be required to apply for same to ICICI Lombard at least 45 days before the policy expires.**

For details, kindly refer to [Master Policy Wordings](#)

B. Main Characteristics, Options and coverage provided by the product, as applicable

S.No	Title	Description	Refer To Policy															
1	Product Name	ICICI Lombard Group Health Insurance (UIN: ICIHLGP02001V030102)																
2	What am I covered for	<table border="1"><thead><tr><th>Sum Insured</th><td>5 lakh</td><td>10Lakh</td></tr></thead><tbody><tr><th>In Patient treatment</th><td colspan="2">Covers Hospital expenses for admission longer than 24 hours</td></tr><tr><th>Room Rent</th><td colspan="2">Maximum up to Single Private Room</td></tr><tr><th>Pre & Post Hospitalisation</th><td colspan="2">Medical Expenses incurred due to Illness up to 30 days period immediately before and 60 days immediately after an Insured Person's admission to a Hospital</td></tr><tr><th>Day Care Procedure</th><td colspan="2">Medical expenses for day care procedures where such</td></tr></tbody></table>	Sum Insured	5 lakh	10Lakh	In Patient treatment	Covers Hospital expenses for admission longer than 24 hours		Room Rent	Maximum up to Single Private Room		Pre & Post Hospitalisation	Medical Expenses incurred due to Illness up to 30 days period immediately before and 60 days immediately after an Insured Person's admission to a Hospital		Day Care Procedure	Medical expenses for day care procedures where such		Part II of the schedule Clause 2. Scope of the Cover
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Day Care Procedure	Medical expenses for day care procedures where such																	

			procedures are undertaken by an Insured Person as an In-patient in a Hospital for continuous period of less than 24 hours			
		Domiciliary hospitalisation	Medical expenses for treatment taken when confined within one's home for a minimum of 3 consecutive days			
		Donor expense	Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Insured persons			
		Cover for Alternative methods of treatment	Reimbursement of expenses up to 10% of SI incurred on inpatient treatment through Alternative methods			
		Road Ambulance services	<table border="1"> <tr> <td>Maximum amount payable is Rs.1,500/- per event of emergency hospitalisation</td> <td>Maximum amount payable is Rs.3,000/- per event of emergency hospitalisation</td> </tr> </table>	Maximum amount payable is Rs.1,500/- per event of emergency hospitalisation	Maximum amount payable is Rs.3,000/- per event of emergency hospitalisation	
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		Domestic Air Ambulance	Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital through an air ambulance. Maximum amount payable is 10% of the SI			
		Co-payment	20 % of Co-Payment is applicable for each and every admissible claim			
3	What are the major Exclusions in the Policy	<p>Note: Following is an indicative list of the policy exclusions. Please refer to the policy clause for the complete list.</p> <ul style="list-style-type: none"> * Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies * Unproven experimental treatment * Treatment taken outside the country * Cosmetic surgery * Sterility, venereal diseases or any sexually transmitted diseases * Dental treatment unless due to accident * Any case directly or indirectly related to criminal acts * Refractive error correction, hearing impairment correction 		Part II of the Schedule Clause 3.4 Permanent exclusions		

		* Substance abuse, self-inflicted injuries, STDs and HIV/ AIDS			
4	Waiting Period	<p>(a) Initial waiting period: 30 days for all illnesses (except Hospitalisation due to injury).</p> <p>(b) Specific waiting period: First 12 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing)</p> <p>(c) Pre-existing diseases: No waiting period for declared and accepted PEDs.</p>		Part II of the Schedule Clause 3.1 Clause 3.2	
5	Sub Limit	Cataract	Rs.35,000/- is applicable per eye per Policy year	Rs.100,000/- is applicable per eye per Policy year	Part II of the Schedule Clause 3.3
		Total Knee Replacement	Up to 20% of SI is applicable per Policy year		
6	Payout Basis	<p>* Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover</p> <p>* Cashless Facility available at over 4000+ network hospitals.</p>		Part II of the Schedule Clause 4. Claim Administration	
7	Renewal	<p>a) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health Insurance is withdrawn by the Company) approved by IRDA.</p> <p>b) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.</p> <p>c) The policy could be subject to certain changes in terms and conditions including change in premium rate.</p> <p>d) Premium rates may change at the time of renewal subject to change in plan &/or age band of senior most insured</p>		Part II of the Schedule Clause 5. Special conditions	
8	Cancellation	<p>a) Disclosure to information norm: The policy shall be void and all premium paid hereon shall be forfeited to the company, in the event of misinterpretation, mis-description or non-disclosure of any material fact.</p>		Part III of the Schedule Clause 13. Cancellation/ Termination	

		b) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period.	
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C. Policy Exclusions / Exclusions/ Waiting periods

Permanent Exclusions:

- (i) Lasik Surgery, Septoplasty, Infertility & Related Ailments including 'Male sterility'; Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.
- (ii) Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions
- (iii) Cost of routine medical, eye and ear examinations, preventive health check-up, cost of spectacles, laser surgery for correction of refractory errors, contact lenses or hearing aids, dentures and artificial teeth
- (iv) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively
- (v) Expenses incurred on all dental treatment unless necessitated due to an Accident
- (vi) Personal comfort, cosmetics, convenience and hygiene related items and services
- (vii) Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies
- (viii) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident
- (ix) Vaccination or inoculation of any kind, unless it is post animal bite
- (x) Sterility, venereal disease or any sexually transmitted disease
- (xi) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, misuse or abuse of intoxicating drugs or alcohol
- (xii) Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness
- (xiii) Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ Illness arising as a consequence thereof
- (xiv) Any expense incurred on treatment arising from or traceable to pregnancy such as child birth, miscarriage, abortion or complications related to pregnancy and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, this exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner.
- (xv) Treatment relating to birth defects and external congenital Illnesses or defects or anomalies
- (xvi) All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human TCell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind

- (xvii) Charges incurred at Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalisation
- (xviii) Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner
- (xix) Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity (including morbid obesity), any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition and rest cure
- (xx) Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose
- (xxi) Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury
- (xxii) Any case directly or indirectly related to criminal acts
- (xxiii) Treatment taken outside the country
- (xxiv) Treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council
- (xxv) Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by You with criminal intent
- (xxvi) Any consequential or indirect loss or expenses arising out of or related to Hospitalization
- (xxvii) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority
- (xxviii) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/ materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel

D. Free look Period

You would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review its terms and conditions. Where the Policy Holder disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection. If the insured has not made any claim during free look period, insured will be entitled to:

- Refund of premium paid less any expenses incurred on medical examination of the Insured Person(s) and the stamp duty charges, or;
- Where the risk has already commenced and the option of return of policy is exercised by customer, a deduction towards the proportionate risk premium for period on cover or;
- Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

In case the request for cancellation comes 15 days after the receipt of Policy by you, we would refund of premium would be paid to you on short term basis.

E. Validity of the information provided –

The information provided here shall be valid for the term of the policy contract unless the same is changed by the insurance company or in conflict with the applicable laws.

Disclaimers

Only for the customers of ICICI Bank Limited who intend to enrol under Group Health Insurance (Misc 11), ICIHLGP02001V030102, policy underwritten by ICICI Lombard GIC Ltd. IRDAI Reg No. 115.

ICICI Bank is acting in the capacity of the group master policy holder **4015i/MSTR/202389058/00000**.

This is just for information purpose and should not in any way be construed as any kind of promotion or endorsement of any insurance product by ICICI Bank Limited. Insurance is being provided to all customers of ICICI Bank. For more details, please refer the policy wordings or you may contact us on 18002666. T & C apply

ICICI Bank Limited ("ICICI Bank") with registered office at ICICI Bank Tower, Near Chakli Circle, Old Padra Road, Vadodara, 390 007, Gujarat (CIN - L65190GJ1994PLC021012) is a Corporate Agent (Composite, IRDAI Regn No.: CA0112 valid till 31/03/2022) of ICICI Lombard. Insurance is underwritten by ICICI Lombard. Purchase by ICICI Bank's customer of any insurance products is purely voluntary, and is not linked to avilment of any other facility from ICICI Bank.

ICICI Lombard Group Health Insurance. Misc. 11. UIN - ICIHLGP02001V030102)

Email - customersupport@icicilombard.com, Website - www.icicilombard.com. T&C apply.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.
- Public receiving such phone calls are requested to lodge a police complaint.