

GROUP COMPLETE HEALTH INSURANCE

PREAMBLE

ICICI Lombard General Insurance Company Limited (“We/Us”), having received a Proposal and the premium from the Policy Holder named in the Part I of the Policy / Certificate of Insurance (hereinafter referred to as the “Policy Schedule”) and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by Us and the Policy Holder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Policy Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Policy Schedule with all its Parts that on proof to Our satisfaction of the compensation having become payable as set out in the Policy Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by Us.

PART I OF THE POLICY - POLICY SCHEDULE

Policy No.: _____ Issued At: _____ Stamp Duty: _____

1. Details of the Policy Holder :

- a. Name
- b. Mailing Address
- c. Contact No.

2. Policy Period:

- a. Start Date _____ Time ____ hours
- b. End Date _____ Time ____ hours
- c. Territorial Scope:

3. Extensions under the Policy-

S. No.	Extensions	Annual Sum Insured (Rs.)
(i)	Extension HC 1 - Floater Benefit	
(ii)	Extension HC 2 - Hospital Daily Cash	Max liability for this extension will be Rs _____ per day of Hospitalization multiplied by maximum number of

		days
(iii)	Extension HC 3 - Convalescence Benefit	
(iv)	Extension HC 4 - Double Benefit Cover	
(v)	Extension HC 5 - Nursing at home/ Patient Care	
(vi)	Extension HC 6 - Domiciliary Hospitalization Cover	
(vii)	Extension HC 7 - Domestic Road Emergency Ambulance Cover	
(viii)	Extension HC 8 - Transportation Cover (Medical Evacuation Cover)	
(ix)	Extension HC 9 - Donor Expenses	
(x)	Extension HC 10 - Critical Illness Cover	
(xi)	Extension HC 11 - Personal Accident Cover Mode of payment of Sum Insured: a. Child Education Grant (On Monthly Installment Basis) b. Child Education Grant (Fixed Deposit) c. Normal mode (Lump-sum)	
(xii)	Extension HC 12 - Maternity Complications Benefit Cover	
(xiii)	Extension HC 13 - New Born Baby Cover	
(xiv)	Extension HC 14 - Air Travel for family member (Compassionate Visit)	
(xv)	Extension HC 15 - Repatriation of Remains	
(xvi)	Extension HC 16 - Specialist's Consultation Cover	
(xvii)	Extension HC 17 - Alternative Methods of Treatment	
(xviii)	Extension HC 18 - Dental Treatments	
(xix)	Extension HC 19 - Vaccination Cover	
(xx)	Extension HC 20 - Medical Equipment Cover	
(xxi)	Extension HC 21 - Medical Equipment Cover with Spectacles, Hearing aids	
(xxii)	Extension HC 22 - Outpatient Treatment Cover	

(xxiii)	Extension HC 23 - Wellness & Preventive Healthcare	
(xxiv)	Extension HC 24 -Maternity Benefit	
(xxvi)	Extension HC 25- Pre-Existing Conditions	
(xxvii)	Extension HC 26 - Accidental Hospitalization Cover	
(xxviii)	Extension HC 27- Maternity Benefit with New Born Baby Cover	

**Endorsements
under the Policy-**

S.No.	Endorsement
(i)	Extension HC 28 - Pre & Post Hospitalization Extension
(ii)	Extension HC 29- Premium Installment
(iii)	Extension HC 30-- Voluntary Deductible
(iv)	Extension HC 31/32 - Sub-limits on Medical Expenses/ Illness/ Surgeries / Procedures
(v)	Extension 33 - Mid-term Inclusion of Insured Person(s)
(vi)	Extension 34 - Network limited to specified geographies Specified geographies details: All locations in India, except <i>Mumbai, Delhi (National Capital Region), Bangalore and Ahmadabad</i>
(vii)	Extension 35 - Network limited to Preferred Providers
(viii)	Extension 36 - Periodical Benefit Option
(ix)	Extension 38/39 - Sub-limits on Medical Expenses/Illness/Surgeries/ Procedures

Value Added Services-

S.No.	Extension 37 - Value added Services	Applicable after continuous Cover Years	Limit, as applicable
(i)	Free Health Check-up		
(ii)	Vaccination Care Cover		
(iii)	E-opinion		
(iv)	Other value added services a) Diet & nutrition consultation at Our designated centers. b) Chat with Medical Practitioners. c) Preferred pricing and discounts on services offered by fitness centers / diagnostic centers / dental clinics/ optical clinics, beauty & skin-clinics. d) Special discounts on medical		

	equipments / medicines as provided by service providers		
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4. Details of the Persons to be Insured:

*wherever applicable

Name of the Insured Person						
Nominee Name						
Relation of the Nominee with the Insured						
Date of Birth (MM/DD/YYYY)						
Certificate Number						
Gender	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> M / <input type="checkbox"/> F
Annual Sum Insured (Rs.)						
Life time Sum Insured (Rs.)						
Maximum Limit of Indemnity						
Cover Period						
Cover Period of Insurance						
Premium (Rs)						
Cumulative Bonus (Additional Sum Insured)(Rs.)*						
Voluntary Deductible (Rs.)*						

5. Premium Details :

- a. Basic Premium (Rs.)
- b. Service Tax[#] & Education Cess (As applicable)
- c. Secondary & Higher Education Cess (As Applicable)
- d. Net Premium (Rs.)

6. Schedule of Policy Premiums Installments, if applicable, and due dates:

- First Premium* Payable

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Installments	Due date	Premium amount* (Rs.)
Second Instalment		
Third Instalment		
Fourth Instalment		

(*) inclusive of Service tax[#] and cess extra.

Subject to change in tax laws

7. Third party Administrator (TPA) Details (if any) :

Name

Contact Number

Signed for and on behalf of ICICI Lombard General Insurance Company Limited, at _____
on this date

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Authorized Signatory

COMPANY CONTACT DETAILS:

a) *Toll-free number:* 1800-2666

b) *Postal Address:*

ICICI Lombard General Insurance Company Limited
ICICI Lombard House
414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400025

E-mail: insuranceonline@icicilombard.com

PART II OF THE POLICY

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Extensions/ Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident	means a sudden, unforeseen and involuntary event caused by external and visible means.
Acute condition	Acute condition is s medical condition that can be cured by Treatment
Admission	means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
Alternative Treatments	are forms of treatments other than treatment “Allopathy” or modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
Annual Sum Insured	means and denotes the maximum amount of cover available to You during each Cover Year of the Cover Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.
Any one illness	means continuous Period of illness and it includes 5 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
<i>Break in Policy</i>	occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
<i>Cashless Facility</i>	means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
<i>Contribution</i>	is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
Chronic condition	is defined as a disease, illness, or injury that has one or more of the following characteristics: it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests- it needs ongoing or long-term control or

relief of symptoms- it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely it comes back or is likely to come back.

Claim	means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.
Cover Period	means the period for which You are covered under the Policy and which shall fall within the Policy Period.
Co-Payment	A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured.
Cover Period of Insurance	means the period as specifically appearing in the Policy Schedule and commencing from the Cover Period Start Date of the first Policy taken by You from Us and then, running concurrent to Your current Policy subject to the Your continuous renewal of such Policy with Us.
Cover Year	means a duration of twelve months beginning from the Cover Period Start Date as specified in the Policy Schedule, and for subsequent Cover Years, it will include any successive durations of twelve months, till the Cover Period End Date, as specified in the Policy Schedule.
Cumulative Bonus	shall mean any increase in the sum insured / Mallus granted by the insurer without any associated increase in premium
Congenital Anomaly	refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position. <ul style="list-style-type: none"> a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly. b. External Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
Condition Precedent	shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
Contribution	is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.

Day Care Treatment refers to medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in because of technological advancement, and
- ii. which would have otherwise required a hospitalization of more than 24 hours.

Day care centre means any institution established for day care treatment of sickness and / or injuries or a medical set-up with in a hospital and which has been registered with the local authorities, whenever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment; has qualified medical practitioner (s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out-maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants

Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non availability of room in a hospital.

Subject however that Domiciliary Hospitalisation benefits shall not cover:

- a) Expenses incurred for Pre and Post Hospitalisation treatment and
- b) Expenses incurred for treatment for any of the following diseases:
 - (i) Asthma
 - (ii) Bronchitis
 - (iii) Chronic Nephritis and Chronic Nephritic Syndrome

- (iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis
- (v) Diabetes Mellitus and Insipidus
- (vi) Epilepsy
- (vii) Hypertension
- (viii) Influenza, Cough and Cold
- (ix) All Psychiatric or Psychosomatic Disorders
- (x) Pyrexia of unknown origin for less than 10 days
- (xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- (xii) Arthritis, Gout and Rheumatism

Grace Period

means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

Hospital

means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Hospitalization

shall mean admission in a Hospital for a minimum period of 24 consecutive hours except for specified Day Care Procedures/Treatments, where such admission could be for a period of less than 24consecutive hours.

Illness

means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

Injury

means any accidental physical bodily harm occurring during the Policy Period, excluding illness or disease solely and

directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Insured Person(s) means the individuals (s) covered under the Policy whose name(s) is/are specifically appearing as such in the Policy Schedule and is/are hereinafter referred as “You”/“Your”/ “Yours”/ “Yourself”

Lifetime Sum Insured means and denotes the maximum amount of cover available to You, over the Cover Period of Insurance, as stated in the Policy Schedule or any revisions thereof based on Claims settled under each Cover Year of the Cover Period under this Policy.

Maximum Limit of Indemnity is an amount as stated in the Policy Schedule, which denotes the following:

- Where Lifetime Sum Insured is applicable: It denotes the lower of the Annual Sum Insured (including Additional Sum Insured, where applicable and as specified in the Policy Schedule)) or the Lifetime Sum Insured during each Cover Year of the Cover Period
- Where Lifetime Sum Insured is not applicable: It denotes the Annual Sum Insured (including Additional Sum Insured, where applicable and as specified in the Policy Schedule) during each Cover Year of the Cover Period.

Maternity expenses Maternity expenses / treatment shall include the following Medical treatment Expenses:

- i. Medical Expenses for a delivery (including complicated deliveries and caesarean sections) incurred during Hospitalization;
- ii. The lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person;
- iii. Pre-natal and post-natal Medical Expenses for delivery or termination.

Medical Advice Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Practitioner	is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
Cashless Facility	means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
Nominee	means the person(s) nominated by You to receive the benefits under this Policy payable on Your death caused by an Accident. For the purpose of avoidance of doubt it is clarified that if You are a minor, Your legal guardian shall appoint the Nominee.
Out-patient	means the Insured Person who is not hospitalized for more than 24 consecutive hours but who visits a Hospital, clinic, or associated facility for diagnosis or treatment. However any Insured Person undergoing any specified “specified day care procedures/treatment” will not be considered as an Out-patient.
Network Provider	means the Hospitals, health care providers, day care centers or other providers which have been empanelled by Us or Our appointed TPA to provide services like cashless access to the Insured Person, for the provision of medical treatment. The list of the Network Providers is available with Us/ TPA and is subject to amendment from time to time.
New Born baby	means those babies born to you and your spouse during the policy period Age between 1 day and 90 days.
Non- Network	Any hospital, day care centre or other provider that is not part of the network.
Notification of claim	Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified
Policy	means the proposal, the Policy Schedule, Company’s covering letter/ Certificate of Insurance to You, insuring clauses, definitions, exclusions, conditions and other terms contained herein and any endorsement/ extension attaching to or forming part hereof, either at inception or during the Cover Period. “ Certificate of Insurance ” for the purpose of Policy shall mean and include the certificate issued to You by Us or on Our behalf evidencing Your participation in the Policy.

Policy Holder	means the person(s) or the entity named in the Policy Schedule who executed the Policy.
Policy Period	means the period commencing at the Policy Period Start Date, time and ending at the Policy Period End Date, time, as specifically stated in the Policy Schedule and for which the Policy shall remain valid.
Portability	means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
Pre-existing Disease	means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
Pre-hospitalization Medical Expenses	<p>Medical Expenses insured immediately before the insured person is hospitalized, provided that :</p> <ul style="list-style-type: none"> i. Such Medical Expenses are incurred for the same condition for which the Insured person's Hospitalization was required, and ii. The In- patient Hospitalization claim for such Hospitalization is admissible by the insurance Company
Post-hospitalization Medical Expenses	<p>Medical Expenses insured immediately after the insured person is hospitalized, provided that :</p> <ul style="list-style-type: none"> i. Such Medical Expenses are incurred for the same condition for which the Insured person's Hospitalization was required, and ii. The In- patient Hospitalization claim for such Hospitalization is admissible by the insurance Company
Qualified Nurse	is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
Reasonable Charges	means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
Renewal	defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period

for treating the renewal continuous for the purpose of all waiting periods.

Room rent mean the amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses. Deductibles is a cost sharing requirement that provides that We will not be liable for the amount of covered Medical Expenses, as specifically mentioned in the policy Schedule, which has to be borne by You for each and every claim during the Policy Period, before it becomes payable by US under the Policy. This is to clarify that a deductible does not reduce the sum insured.

Senior Citizen means any person who has completed sixty or more years of age as on the date of commencement or renewal o f a health insurance policy.

Surgery or Surgical procedures means manual and / or operative procedure (s) required for the treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by medical practitioner

Subrogation shall mean the right o f the insurer to assume the rights o f the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Third Party Administrators or TPA means any person who is lincensed under the IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance company for the purpose of providing health services

Unproven/ Experimental treatment is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

You/Your/ Yours/ Yourself means the person(s) that We insure and is/are specifically named as Insured Person(s) in the Policy Schedule.

We/ Our/ Ours/ Us means the ICICI Lombard General Insurance Company Limited

1. WHAT WE WILL PAY

(A) In-Patient Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Cover Period, You require Hospitalization, for any Illness or Injury suffered during the Cover Period, on the written advice of a Medical Practitioner, then We will indemnify the Medical Expenses so incurred by You.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Cover Year of the Cover Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

(B) Day Care Procedures/Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Cover Period, You require Hospitalization as an inpatient for less than 24 hours in a Hospital (but not in the outpatient department of a Hospital) on the written advice of a Medical Practitioner, then We will pay You for the Medical Expenses incurred for undergoing such Day Care Procedure/Treatment or surgery (as is mentioned in the list of Day Care Procedures/Treatments annexed to this Policy and also available on our website www.icicilombard.com).

However, Our total liability under this cover for payment of any and all Claims in aggregate during each Cover Year of the Cover Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

(C) Pre-Hospitalization and Post-Hospitalization Expenses

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed hereon that, We will compensate You for the relevant Medical Expenses incurred by You in relation to:

- Pre-hospitalization Medical Expenses incurred by You for a 30-day period immediately prior Your Hospitalization; and
 - Post-hospitalization Medical Expenses incurred by You for a 60-day period immediately post Hospitalization,
- provided that Your Hospitalization falls within the Cover Period and We have accepted Your Claim under “In-Patient Treatment” or “Day Care Procedures/ Treatment” section of the Policy.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Cover Year of the Cover Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

Cumulative Bonus under the Policy—It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, at the time of renewal of this Policy, We will provide 10% of the Annual Sum Insured on a cumulative basis as an additional sum insured as mentioned in the Policy Schedule (hereinafter referred to as “Additional Sum Insured”) for each completed and continuous Policy Year, provided that there is no Claim under this Policy during the Policy Period except as an Out-patient. However, in the event of a Claim under the Policy during any subsequent Policy Period, the accrued Additional Sum Insured will be reduced by 10% of the Annual Sum Insured at the time of renewal of this Policy. This extension is also subject to the following:

1. In any Policy Period, the accrued Additional Sum Insured shall not exceed 50% of the Annual Sum Insured available in the expiring Policy. The Additional Sum Insured will be provided only for the basic hospitalization cover and not for the extensions under the Policy.
2. In relation to a Floater Benefit cover, the Additional Sum Insured so accrued during the Claim-free Policy Period(s) will only be available to those Insured Person(s) who were insured in such Claim-free Policy Period(s) and continue to be insured in the subsequent Policy Period(s).
3. The Additional Sum Insured is provisional and is subject to revision in case of Claim being reported under the expiring Policy

2. WHAT WE WILL NOT PAY

We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

- 3.1 Any Deductible amount, if applicable and as specifically mentioned in the Policy Schedule.
- 3.2 Any Pre-Existing condition(s) until 24 months¹ of, Cover Period of Insurance Start Date.
If the Policy is renewed for an enhanced Annual Sum Insured, then the benefit in respect of the Pre-existing Condition(s) shall be restricted to the Maximum Limit of Indemnity that is lowest under the Cover Period
- 3.3 Any Illness contracted within 30 days of Cover Period of Insurance Start Date, except those incurred as a result of Injury. This exclusion shall cease to apply on renewal of the Policy with Us.
- 3.4 Any Medical Expenses incurred by You on treatment of following Illnesses within the first two (2) consecutive years of Cover Period of Insurance Start Date:
 - Cataract*
 - 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 biliary 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

¹ Can be modified to thirty-six months, forty-eight months, twelve months or zero depending upon the requirement

- Congenital Internal Diseases

* After two years of continuous renewal with Us, from the Cover Period of Insurance Start Date, Our maximum liability arising out of any Claim for a cataract treatment shall not exceed Rs. 20,000 per eye, during each Cover Year of the Cover Period

3.5 Permanent Exclusions

Unless covered by way of an appropriate Extension/ Endorsement, We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

- 3.5.1 Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.
- 3.5.2 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
- 3.5.3 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 (C.P.A.P) 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
- 3.5.4 Expenses incurred on all dental treatment unless necessitated due to an Accident
- 3.5.5 Personal comfort, cosmetics, convenience and hygiene related items and services
- 3.5.6 Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies
- 3.5.7 Circumcision unless necessary for treatment of an illness or necessitated due to an Accident
- 3.5.8 Vaccination or inoculation of any kind, unless it is post animal bite
- 3.5.9 Sterility, venereal disease or any sexually transmitted disease
- 3.5.10 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
- 3.5.11 Any expense incurred on treatment of mental illness, stress, psychiatric or psychological disorders
- 3.5.12 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
- 3.5.13 Any treatment/surgery for change of sex or treatment/surgery /complications/illness arising as a consequence thereof.
- 3.5.14 Any expense incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section) 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.

- 3.5.15 Treatment relating to birth defects and all congenital illnesses or defects or anomalies
- 3.5.16 All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell 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
- 3.5.17 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,
- 3.5.18 Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner. 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,
- 3.5.19 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
- 3.5.20 Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any illness or Injury
- 3.5.21 Any case directly or indirectly related to criminal acts
- 3.5.22 Any expenses arising out of Domiciliary Hospitalization Treatment
- 3.5.23 Treatment taken outside the country
- 3.5.24 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.
- 3.5.25 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
- 3.5.26 Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery
- 3.5.27 Alternative treatment
- 3.5.28 Any travel or transportation expenses including ambulance charges
- 3.5.29 Any consequential or indirect loss or expenses arising out of or related to Hospitalization
- 3.5.30 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 nationalisation or requisition of or damage by or under the order of any government or public local authority
- 3.5.31 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.

CLAIMS ADMINISTRATION

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by each of You shall be conditions precedent to admission of Our liability.

Further, upon the discovery or happening of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admission of Our liability, You shall undertake the following:

4.1 CLAIMS PROCEDURE

(A) For Cashless Settlement

Cashless treatment is only available at a Network provider² (List of Network Provideris available at the Our website). In order to avail of cashless treatment, the following procedure must be followed by You:

- i. Pre-authorization
Prior to taking treatment and/or incurring Medical Expenses at a Network provider, You must contact Us or Our TPA accompanied with full particulars namely, Policy Number, Your name , nature of Illness or Injury, name and address of the Medical Practitioner/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorization at least 48 hours before a planned Hospitalization and in case of an emergency situation, within 24 hours of Hospitalization.
- ii. You can avail of cashless Hospitalization facility at the time of Admission into any Network Provider, by production of health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalization facility is sought by You and We will confirm Your request in writing.
- iii. If the above procedure is followed in the Network Provider, You will not be required to pay for the Medical Expenses that We are liable to indemnify under Scope of Cover. Original bills and evidence of treatment (as listed in CLAIM DOCUMENTS section) in respect of the Hospitalization shall be left with the Network Provider. Pre-authorization does not guarantee that all costs and expenses incurred will be paid by Us. We reserve the right to review each claim for admissibility and each Medical Expenses for appropriateness in accordance with the terms and conditions of this Policy. You will, be required to settle all Medical Expenses not accepted by Us directly.

(B) For Reimbursement Settlement

- i. You shall give Us immediate notice or Our TPA by calling the toll free number as specified in the Policy provided to You and also in writing at the Our address with particulars as below:
 - Certificate Number;

² Any Hospitalization in a Non-network hospital on account of any Illness or Injury, as covered under this Policy, would be subject to Sub-limits (as specifically mentioned in Extension No 32/33 on Sub-limits)

- Your Name;
- Nature of Illness or Injury;
- Name and address of the attending Medical Practitioner and the Hospital;
- Any other information that may be relevant to the Illness / Injury / Hospitalization

The above information needs to be provided to Us or Our TPA immediately and in any event within 10 days of Hospitalization, failing which the We will have the right to treat the Claim as inadmissible, as We may deem fit at Our sole discretion.

- ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- iii. You or someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalization expenses, within 30 days from the completion of post-hospitalization period) deliver Us the documentation (written details of the quantum of any claim along with all original supporting documentation) as more particularly listed in CLAIM DOCUMENTS section

However, in both the above cases i.e. 4.1 (A) & (B), You must take reasonable steps or measure to minimise the quantum of any Claim that may be covered under the Policy. If so requested by Us or Our TPA, You will have to undergo a medical examination by the Our nominated Medical Practitioner, as and when We or Our TPA considers reasonable and necessary. The cost of such examination will be borne by Us.

Settlement/Rejection of Claim -The Settlement of claims would be done by Us within 30 days after the receipt of the last necessary documents, any rejections if done, would be provided with proper reasons by Us. The role of the TPA (if any) would be limited to facilitate the flow of information between You and Us.

Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.

4.2 CLAIM DOCUMENTS

You shall be required to furnish the following documents for or in support of a Claim:

- a) Duly completed Claim form signed by You and the Medical Practitioner
- b) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
- c) Original bills from chemists supported by proper prescription.
- d) Original investigation test reports and payment receipts.
- e) Indoor case papers
- f) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
- g) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

5 LIMITATION PERIOD

In no case whatsoever shall We be liable for any claim under the Policy, if the requirement of Clause 4(B)(i) & 4(B)(iii) above are not complied with, unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if We shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6 SPECIAL CONDITIONS APPLICABLE TO THE POLICY

It is hereby declared and agreed that:

- (a) Any notice or declaration for Your attention shall be deemed served if sent by Us to the Policy Holder at his latest known address.
- (b) Any payment for the claim admissible under the Policy shall be made to You or someone on Your behalf. However, any payment due to You under this Policy may be paid to the Policy Holder by Us. The receipt by the Policy Holder/ You or someone on Your behalf/Hospital shall be considered as a complete discharge of Our liability against any Claim under the Policy.
- (c) We shall have no liability under this Policy, once the Maximum Limit of Indemnity, as stated in the Policy Schedule, is exhausted by You.
- (d) For any payment to be made by Us under any Claim arising under this Policy, We shall make the payment in India and in Indian rupees only.

7. *Terms of Renewal*

- The Policy can be renewed under the then prevailing ICICI Lombard Group Complete Health Insurance product or its nearest substitute (in case the product prevailing ICICI Lombard Group Complete Health Insurance is withdrawn by the Company) approved by IRDA.
- A health insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured
- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
 - **Maximum Renewal Age** - There will be life-long renewal without any age restriction for the cover

PART III OF THE POLICY

General Terms and Conditions

1. Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You or any one acting on Your behalf to obtain any benefit under this Policy.

2. Reasonable Care

You shall take all reasonable steps to safeguard Your interests against any Injury or Illness that may give rise to the Claim.

3. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

4. Material change

You shall notify Us in writing of any material change in the risk in relation to the declarations made in the proposal form or medical examination report at each renewal and We may, adjust the scope of cover and / or premium, if necessary, accordingly.

5. Records to be maintained

You shall keep an accurate record containing all relevant medical records and shall allow Us to inspect such records. You shall exercise all necessary co-operation in obtaining the medical records from the Hospital, and furnish them, You shall furnish such information as We may require in relation to the Claim within reasonable time limit and within the time limit specified in the Policy.

6. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our officials shall not be the notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

7. Notice of charge etc.

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to You or Your legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to Us.

8. Overriding effect of Part II of the Policy

The terms and conditions contained herein and in Part II of the Policy shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Policy, then the term(s) and condition(s) contained herein shall be read *mutatis mutandis* with the scope of cover/terms and conditions contained in Part II of the Policy and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

9. Your duties on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy You shall:

- (i) Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Policy.
- (ii) Assist and not hinder or prevent Us or any of Our representative from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If You do not comply with the provisions of this Clause or other obligations cast upon You under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at Our option.

10. Subrogation

You and any claimant under this Policy shall at no cost or expense to Us do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any Claim or loss under this Policy whether such acts and things shall be or become necessary or required by

Us or otherwise before or after Your indemnification by Us. However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable.

11. Contribution

If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would but for the existence of this Policy) and the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, in the same Claim (in whole or in part), then We shall not be liable to pay or contribute more than Our rateable proportion of any Claim.

However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable

12. Fraudulent Claims

If any Claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a Claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

13. Cancellation/ termination

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 misrepresentation, mis-description or non-disclosure of any material fact.

b) You or Policy Holder may cancel this Certificate of Insurance or Policy respectively by giving Us 15 days written notice for the cancellation of such Certificate of Insurance or Policy by registered post, and then We shall refund premium on short term rates for the unexpired Cover Period as per the rates detailed below. Provided that You can cancel the Certificate of Insurance only if no claim has arisen on Your behalf under the current Certificate of Insurance:

Cover Period	Cancellation Period					
	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year		
1 year	75%	50%	25%	0%		

If Insured Person moves out of the group, the coverage under the Policy to the Insured Person shall cease immediately and We shall refund the premium on pro-rata basis. However, the option for continuation of Policy issued can be provided at Our sole discretion

14. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in the Policy Schedule. The cause of action can be worldwide in case of Personal Accident Cover (Extension HC 11), if available under the Policy. All claims shall be payable in India and shall be in Indian Rupees only.

15. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with the Laws of India and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

16. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

17. Free Look Period

18. You would be given a period of 15 days (Free Look Period) from the date of receipt of the documents to review the terms and conditions of the Policy. Where You disagree to any of those terms or conditions, You have the option to return the Policy stating the reasons for the objection, when You shall be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by Us on Your medical examination and the stamp duty charges. In case the request for cancellation comes 30 days after the Cover Period start date, pro-rata refund of premium would be paid to You. **Renewal notice**

- a) We shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or fraud or non cooperation by the Insured. We shall not be bound to give notice that the renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to You that may result to enhance Our risk under the guarantee hereby given. Any change in the risk will be intimated by You to Us. Nothing herein or otherwise shall affect Our right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.
- b) The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy.

19. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In Your case, at the address specified in the Policy Schedule

In Our case:
 ICICI Lombard General Insurance Company Limited
 ICICI Bank Towers
 Bandra Kurla Complex
 Mumbai 400 051

AND

ICICI Lombard General Insurance Company Limited
 ICICI Lombard House
 414, Veer Savarkar Marg,
 Near Siddhi Vinayak Temple,
 Prabhadevi, Mumbai 400025

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

20. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified, during normal business hours.

21. Grievances

In case You are aggrieved in any way, You should do the following:

1. Call Us at toll free number: 1800 2 666 or email us at insuranceonline@icicilombard.com
2. If You are not satisfied with the resolution then You may successively write to The Manager - Service Quality, Corporate Manager - Service Quality, National Manager - Operations & finally Director - Services and Business Development at the following address:
 ICICI Lombard General Insurance Company Limited
 ICICI Lombard House
 414, Veer Savarkar Marg,
 Siddhi Vinayak Temple,
 Prabhadevi, Mumbai 400025

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The details of Insurance Ombudsman are available below:

Ombudsman Offices	
Delhi, Rajasthan	2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1st Floor, Moin Court, LaneOpp.SaleemFunctionPalace A.C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2nd Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony,

	Ashram Road, AHMEDABAD - 380 014
Kerla, Karnataka	2nd Flr., CC 27/ 2603, PulinatBuilding, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj,LUCKNOW - 226 001
Madhya Pradesh	1st Floor, 117, Zone II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, J & K, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, BatraBuilding, Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

The updated details of Insurance Ombudsman are available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, Our website www.icicilombard.com or from any of Our offices.