

PRE POLICY MEDICAL CHECK UP:

1. No pre-Policy checkup would be required upto 45 years and/or Rs. 10 Lakh Sum Insured, subject to no adverse medical history declaration in the proposal form
2. Medical tests (pre-Policy check-up) are mandatory for members aged 46 years and above and/or in respect of sum insured INR. 10 Lakhs and above. Medical test shall be undertaken at company designated Hospitals/centres only.

Pre Policy Medical Grid												
Sum Insured in Lakhs												
Age Band	5	7.5	10	15	20	30	50	60	70	80	90	100
18-35	NIL	Nil	Nil	Level 3	Level 3	Level 3	Level 4	Level 5	Level 5	Level 6	Level 6	Level 6
36-45	NIL	Nil	Nil	Level 3	Level 3	Level 3	Level 5	Level 6	Level 6	Level 7	Level 7	Level 7
46-55	Level 3	Level 4	Level 4	Level 5	Level 5	Level 5	Level 6	Level 7	Level 7	Level 8	Level 8	Level 8
56-65	Level 3	Level 6	Level 6	Level 7	Level 7	Level 7	Level 8					

Level 3	FMR, RUA, HbA1c, ECG,CBC, Total Cholesterol
Level 4	FMR, RUA, HbA1c, ECG, Lipid profile, CBC, Serum Creatinine
Level 5	FMR, RUA, HbA1c, ECG, Lipid profile, CBC, Serum Creatinine, SGOT, SGPT
Level 6	FMR, RUA, HbA1c, ECG, Lipid profile, CBC, KFT, LFT, HBsAg
Level 7	FMR, RUA, HbA1c,Lipid profile, CBC, KFT, LFT, HBsAg, TMT
Level 8	FMR, RUA, HbA1c, Lipid profile, CBC, KFT, LFT, TMT, USG Whole abdomen, HBsAg, PSA (Males)

Pre Policy Medical Grid – Critical Illness										
Age Band/SI	2 Lakhs	3 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	30 Lakhs	
18-35	NIL*	NIL*	NIL*	NIL*	NIL*	Level 3	Level 3	Level 3	Level 3	
36-45	NIL*	NIL*	NIL*	NIL*	NIL*	Level 3	Level 3	Level 3	Level 3	
46-55	Level 4	Level 4	Level 4	Level 4	Level 4	Level 5	Level 5	Level 5	Level 5	
56-65	Level 5	Level 5	Level 5	Level 5	Level 5	Level 6	Level 6	Level 6	Level 6	

*Level 3 applicable if the proposer answers to any of the health related questions in the proposal form as unfavorable

4. The Company can call for additional medical test(s) on the basis of declaration in proposal form or based on findings of first set of medical reports.

**EXCLUSIONS:**

For a smooth and hassle-free claims experience, it is important to understand the exclusions in your policy.

Expenses within 30 days of policy inception: Expenses incurred for treatment undertaken for Disease or Illness within 30 days of the inception date of first/initial Policy. This exclusion, however, doesn't apply in case of a. Subsequent renewals with the Company without a break. b. Expenses due to Accident occurring after the Policy inception date. C. Portability to the extent of waiting period and Sum insured waived off in the Schedule of the Policy.

Exclusions for first 2 years: Hospitalization Expenses incurred on treatment of certain Diseases or Illness or procedures/ surgeries within the first two years (continuously renewed without any break) from the inception of initial/first this Policy. This exclusion, however, doesn't apply in case of Subsequent renewals with the Company without a break post the first 2 years of the Policy and Portability to the extent of waiting period and sum insured waived off in the Schedule of the Policy. In the event that the listed illness/diseases arise on account of a pre-existing condition, they shall be covered under this policy only upon completion of 48 months of continuous coverage.

Permanent exclusions: Routine medical, eye and ear examinations, cost of spectacles, Dental treatment, Circumcision, sex change or treatment, Birth control procedures, hormone replacement therapy, caesarean section, fertility or conception operation, Acquired Immune Deficiency Syndrome (AIDS) and related diseases/illness related to HIV.

Pre-existing Diseases: The benefits will not be available for any condition(s) as defined in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with the Company.

Disclosure of any Pre-existing Diseases with details must be done at the time of application for this Policy/addition of member in existing Policy, in the proposal form and shall be classified as pre-existing Disease post acceptance of such application by the company.

Maternity expenses where maternity cover is opted: The benefits will not be available for any condition(s) as defined in the Policy, until 9 months since inception of the first Policy with the Company. In all other cases where maternity benefit cover is not opted, all claims directly or indirectly related to maternity stands excluded always.

Critical Illness: 60 days waiting period for fresh policy and 30 days survival period.

Please refer to policy wordings for complete list of detailed benefits and exclusions available on our website.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification. Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the sales brochure and policy wordings carefully, before concluding a sale. Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

- 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 insurers.

- Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

IRDA of India Regulation No 5 This policy is subject to regulation 5 of IRDA of India (Protection of Policy holder's interests) regulation.

Registered and Corporate Office address: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, IRDAI Registration No: 115, CIN:L67200MH2000PLC129408. UIN: BHAHLIP18014V011718. Toll free - 1800-103-2292.

Prohibition of Rebates – Section 41 of the Insurance Act, 1938 1) 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 prospectus or tables of the insurer. 2) If any person shall fail to comply with sub regulation (1) above, he shall be liable to payment of fine which may extend to rupees ten lakhs. The advertisement contains only an indication of cover offered. For more details on risk factors, terms, conditions and exclusions, please read the sales brochure / policy wordings carefully before concluding a sale 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.



YOU HAVE THE POWER TO CHOOSE

Presenting,
ICICI Lombard

SmartSuper

Health Insurance Policy

A plan that let's you **choose features as per your needs** and offers a host of extra benefits. So that you only pay for what you need. Because you know what is best for you.

ICICI Lombard
Nibhaye Vaade

PLAN BENEFITS:**Coverage** upto 1crore - Multi Plan Variants

You can choose the cover basis your and your family's healthcare needs. ICICI Lombard General Insurance offers 3 plan variants to choose from depending on your requirements. You can choose between Value, Classic and Uber based on the extent of coverage required.

**No capping**
on room rent

You have the flexibility to choose any room for getting treated in a hospital as there is no capping on room rent in any variant of the plan.

**Free health check-up** every year

The policy also includes one free health check-up at our network provider for each Insured Person above 18 years of Age, each Policy Year for specified tests. This will be offered regardless of any claim admitted/registered in the Policy.

**In-patient treatment**

Medical expenses incurred in the event of admission in hospital as in admission of the insured person resulting out of a disease, illness or injury for a minimum and continuous period of 24 hours will be covered.

**Pre-Hospitalization and Post-Hospitalization**
Medical Expenses

Medical expenses incurred immediately 60 days before hospitalization & 90 days after hospitalization will be covered under the policy.

**Add-on covers**
Critical Illness, Hospital cash allowance and Maternity Benefit

Customize your policy by choosing optional add-ons to suit your requirements available on payment of additional premium. Choose from 3 add-ons for your Policy based on the type of plan opted for

**cashless network**

Avail hassle - free cashless settlement across our network hospitals across the country

**Restoration benefit**

In case of a situation where the Sum Insured and No claim bonus are exhausted due to claims made and paid during the Policy Year, then the sum insured shall be replenished in the event of exhaustion of policy sum insured and cumulative bonus once during a particular policy period.

**Day care treatments**

Medical expenses incurred for specified day care procedures shall be covered under the policy. For the complete list of Day Care Treatments covered refer to the policy wordings.

**Income tax benefit**

Avail tax benefits on the premium paid towards your policy under Section 80D of the Income Tax Act, 1961.

POLICY BENEFITS:

Basic Sum Insured (in₹): Value - 5 Lakhs, 7 Lakhs; Classic - 10 Lakhs

SALIENT FEATURES & BENEFITS	SCHEDULE OF BENEFITS												
	Value		Classic			Uber							
	5L	7.5L	10L	15L	20L	20L	30L	50L	60L	70L	80L	90L	100L
Basic cover (upto the Sum Insured limit applicable to all plans)													
In-patient Treatment													
Pre-hospitalization - 60 Days													
Post-hospitalization- 90 Days													
Organ Donor	Up to S.I		Up to S.I			Up to S.I		Up to S.I					
Day care Treatment (As per Appendix I)													
Ayush Treatment													
Domiciliary Hospitalization													

SALIENT FEATURES & BENEFITS	SCHEDULE OF BENEFITS												
	Value		Classic			Uber							
	5L	7.5L	10L	15L	20L	20L	30L	50L	60L	70L	80L	90L	100L
Other Benefits (Per Policy Period including all members)													
No Claim Bonus	Yes, as per eligibility		Yes, as per eligibility			Yes, as per eligibility							
Health Check-up	Yes, as per eligibility		Yes, as per eligibility			Yes, as per eligibility							
Restoration of Sum Insured	Up to 100% of S.I		Up to 100% of S.I			Up to 100% of S.I							
Emergency Surface Ambulance charges	₹ 3000/event		₹ 3000/event			₹ 3000/event							
Convalescence Benefit (on continuous 10 days hospitalization or more)	Not Available		₹ 10,000			₹ 15,000		₹ 20,000					
Outpatient emergency treatment (Accident only)	Not Available		₹ 2,500			₹ 10,000		₹ 10,000					
Animal bite (Vaccination)	Not Available		₹ 2,500			₹ 5,000		₹ 5,000					
Domestic Air Ambulance (max once in a Policy year/per life)	Not Available		Not Available			Up to ₹ 1,00,000		Up to ₹ 2,00,000					
Outpatient Dental emergency (arising out of Accident only)	Not Available		Not Available			₹ 5,000		₹ 7,500					

Optional Add-on Benefit (on payment of additional premium): Covered only if specified in Policy schedule

Hospital cash allowance (Up to Maximum up to 30 days with one day deductible)#	Option of ₹ 500, 1000/day	Option of ₹ 500, 1000, 2000/day	Option of ₹ 500, 1000, 2000, 3000/day										
Maternity Benefit:													
- Maternity Benefit with 9 month waiting period, up to first 2 deliveries/MTP in lifetime (available only with 3 yr. Policy term)	₹ 35,000 - Maternity	₹ 50,000 - Maternity	₹ 75,000 - Maternity		₹ 1,00,000 - Maternity								
- New Born Baby for first 90 days	₹ 25000 -New Born	₹ 50,000 - New Born	₹ 75,000 - New Born		₹ 1,00,000- New Born								

Lump sum benefit for critical illnesses (over and above the S.I)* Option of ₹ .2L, 3L, 5L, 7.5L, 10L,15L, 20L, 25L, 30L

*Critical Illness Sum Insured opted should not be more than the Sum Insured chosen for the policy , Critical Illness cover is available for Insured/Insured person(s) selected, with each member having Individual limit of coverage, however limits for Insured/Insured person(s) cannot be different from each other.

#Hospital Cash allowance if opted has to be opted for all Insured/Insured person(s) in a Policy with common limit for Insured/Insured person(s)

ELIGIBILITY:

Entry Age	5 year to 65 years (Children between 91 days and 5 years can be covered provided either parent is getting insured under this Policy.)
Applicable	Family (Max 5 person) & individual
Renewal Age	Life long renewal