ICICI Lombard
Nibhaye Vaade

# KEY INFORMATION SHEET

| S.No | Title | Description | Refer To Policy Wordings |
|---|---|---|---|
| 1. | Product Name | **Health Booster - Super Top Up** | |
| 2. | What is covered under the Policy | a) **In-patient Treatment** - Covers Hospital expenses for admission longer than 24 hours<br>b) **Pre & Post Hospitalization** - Medical Expenses incurred due to Illness up to 60 days period immediately before and 90 days immediately after an Insured Person's admission to a Hospital<br>c) **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<br>d) **In Patient AYUSH Hospitalization** - Reimbursement of expenses for Alternative treatment<br>e) **Domiciliary Hospitalization**<br>f) **Domestic Road Emergency Ambulance** - Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital. Amount payable is 1% of the Annual Sum Insured maximum up to ₹ 5000 per event of emergency Hospitalization.<br>g) **Wellness & Preventive Healthcare** - Expense incurred on routine health checkups and for other wellness and fitness activities undertaken by Insured person<br>h) **Donor Expenses** - Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Insured persons, up to Annual Sum Insured<br>i) **Wellness Program**<br>j) **Reset Benefit**<br>k) **Claim Service Guarantee** | Part II of the Schedule Clause 2. Scope of the Cover |
| 3. | Optional Add On Covers | a) **Hospital Daily Cash** - Allowance of ₹ 1,000/ ₹ 3,000 per day (as per the plan opted Silver/Gold) for hospital stay of minimum 3 consecutive days or more up to a maximum of 30 consecutive days<br>b) **Convalescence Benefit** of ₹ 10,000/ ₹ 20,000 (as per the plan opted Silver/Gold) provided once for each Policy year during Policy Period, in case of Hospitalization of minimum 10 consecutive days or more<br>c) **Personal Accident** - Personal Accident cover of ₹ 10,00,000/ ₹ 15,00,000 (as per the plan opted Silver/Gold) upon the unfortunate event of accidental death or Permanent Total Disablement resulting from an Accident, subject to a maximum of 2 adults<br>d) **Temporary Total Disablement (TTD) Rehabilitation Cover** - A benefit amount of ₹ 5,000 / ₹ 10,000 (as per the plan opted Silver/Gold) will pay on a weekly basis up to a maximum of 10 weeks for rehabilitation upon the unfortunate event of temporary total disablement resulting from an Accident<br>e) **Repatriation of Remains** - We will reimburse to the nominee/legal heir of the insured, up to ₹ 50,000 / ₹ 1,00,000 (as per the plan opted Silver/Gold) for the costs of transporting the remains of the insured back to the place of residence or, up to an equivalent amount, for burial or cremation in the city where death has occurred<br>f) **Critical Illness** - Critical Illness cover of ₹ 5,00,000 / ₹ 10,00,000 (as per the plan opted Silver/Gold) for specified critical Illnesses/medical procedures like Cancer of specified severity, open chest CABG, First heart attack, major organ/bone marrow transplant, permanent paralysis of limbs, Kidney failure requiring regular dialysis, end stage liver disease; subject to a maximum of 2 adults. | Part II of the Schedule Clause 5 (Extensions available under the policy) |
| 4. | What are the major Exclusions in the Policy | **Note:** Following is an indicative list of the policy exclusions. Please refer to the policy clauses for the complete list:<br>* Unproven experimental treatment<br>* Refractive error correction, hearing impairment correction<br>* Alcohol or drug abuse<br>* Suicide or self-inflicted injuries,<br>* Any sexually transmitted diseases. Acquired Immune<br>* Deficiency Syndrome (AIDS), AIDS Related Complex Syndrome (ARCS) and all diseases caused by and/ or related to the HIV Treatments taken outside India<br>* Treatments taken outside India<br>* Dental treatment unless due to an Accident<br>* Treatment of mental illness, stress or psychological disorders, cosmetic surgery<br>* Hazardous sports, war, civil war or breach of law<br>* List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy as per the Standardaisation Guidelines given by IRDA | Extension HC 17 - Value - Added Services |
| 5 | Waiting Period | a) **Initial waiting period:** 30 days for all illnesses (except those incurred due to Bodily injur).<br>b) **Specific waiting periods:** First 24 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing)<br>c) **Pre-existing diseases:** Covered after 24 months of continuous coverage | Part II of the schedule Clause 3.3, 3.4 &3.5 |

| | | | |
|---|---|---|---|
| 6 | Payout Basis | Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover:<br>- Deductible applicable on aggregate basis over per policy year<br>- Claim Service Guarantee<br>- Cashless Facility available at over 3500+ network hospitals | Part II of the schedule Clause 2 Clause 4 |
| 7 | Cost Sharing | a) In case of a claim the policy requires you to share the cost of Deductible Amount<br>b) Additionally, in case the insured is above 60 years of age, 20% of amount above deductible for every claim as co payment | Part II of the Schedule Clause 3<br>(Exclusions applicable to the Policy)-<br>3.1 Deductible and 3.2 Co Payment |
| 8 | Renewal Condition | **a) Maximum renewal age** - There will be life-long renewable without any age restriction for the cover.<br>**b) Grace Period** - The renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than 30 days (Grace Period) from the expiry of the Policy.<br>**c) Floater Benefit** - The floater benefit under this policy is available up to lifetime. | Part III of the schedule Clause 13 |
| 9 | Renewal Benefits | **a) Cumulative Bonus (Additional Sum Insured):** 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<br>**b) Complimentary Health Check Up Coupons**: One coupon per individual policy and two coupons per Floater policy will be offered. | Part II of the Schedule Clause 2<br>(Scope of Cover) |
| 10 | Cancellation | **a) Disclosure to information norm**<br>The Policy shall be void and all premium paid shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.<br>b) This policy would be cancelled, and no claim or refund would be due to you if You have otherwise encouraged or participated in any fraudulent claims under the policy<br>c) 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. | Part III of the schedule Clause 15 Cancellation/ Termination of the Policy |

# POLICY WORDING

**PREAMBLE**

ICICI Lombard General Insurance Company Limited ("We/ Us"), having received a Proposal and the premium from the Policy Holder named in Part I of the Policy (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, and further, subject to the terms and conditions contained in this Policy 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 Annual Sum Insured/ appropriate benefit amount will be paid by Us.

**PART II OF THE POLICY**

**1. DEFINITIONS**

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 and violent means.

**Admission** means Your admission in a Hospital as an in-patient for the purpose of medical treatment of an Injury and/ or Illness.

**Annual Sum Insured** means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.

**Alternative treatments** are forms of treatments other than treatment "**Allopathy**" or "**modern medicine**" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

**Any one Illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

**Break in Policy** 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.

**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.

**Claim** means a demand by You or on Your behalf, for payment of Medical expenses or any other benefits as covered under the Policy.

**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 claim amount. A co-payment does not reduce the Sum Insured.

**Condition Precedent** shall mean a Policy term or condition upon which the

Insurer's liability under the Policy is conditional upon.

**Company** means ICICI Lombard General Insurance Company Limited.

**Cumulative Bonus** shall mean any increase in the Sum Insured granted by the insurer without an 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.

**a. Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body.

**b. External Congenital Anomaly** Congenital anomaly which is in the visible and accessible parts of the body.

**Day care centre** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered 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 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

**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 less than 24 hrs because of technological advancement, and

ii. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**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 in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies 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.

**Dependent Child** refers to refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income. For the purpose of this policy, child up to age 20 years is considered as dependent child.

**Domiciliary Hospitalisation** 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:

a) The condition of the patient is such that he/ she is not in a condition to be moved to a hospital, or

b) The patient takes treatment at home on account of non availability of room in a hospital.

**Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

**Family** would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s), Grandparents, Grandchildren, Mother-in-law, Father-in-law, Son-in-law and Daughter-in-law, dependent Brother-in-law and dependent Sister-in-law.

**Floater Benefit** means the amount of Sum Insured mentioned in the Policy Schedule which is common to the whole family covered under the policy which will be the maximum amount payable under this policy for all the covered family members put together, during the policy period if opted to be a Floater policy.

**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 Condition/ Disease. 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 illness and/ or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;

b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

c. has qualified medical practitioner(s) in charge round the clock;

d. has a fully equipped operation theatre of its own where surgical procedures are carried out;

e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

**Hospitalization** means admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

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

a) **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

b) **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.

**Injury** means any accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**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** means the Individual(s) whose name(s) are specifically appearin as such in Part I of the Schedule to this Policy.

**Medical Advice** is any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**Maternity Expenses** Maternity expenses shall include:

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

b) Expenses towards lawful medical termination of pregnancy during the policy period.

**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 or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

**Medically necessary** is defined as an treatment, tests, medication, or stay in hospital which

- Is required for the medical management of the illness or injury suffered by the insured;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- Must have been prescribed by a medical practitioner;
- Must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

**Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

**New Born Baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

**Non-Network** means any Hospital, day care centre or other provider that is not part of the Network.

**Notification of claim/ Intimation of claims** 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.

**OPD treatment** is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**Period of Insurance** means the period as specifically appearing in the Policy Schedule and commencing from the Policy 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.

**Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which the Insured 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 Company.

**Pre-hospitalization Medical Expenses** are medical expenses incurred immediately before the insured person is Hospitalised provided that:

a) Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

b) The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Post-hospitalization Medical Expenses** are Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:

a) Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

b) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

**Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.

**Policy Holder** means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).

**Policy Period** means the period commencing from the Policy Period Start Date, Time of the Policy and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.

**Policy Year** means a period of twelve months beginning from the Policy Period Start Date, as specified in Policy Schedule, and ending on the last day of such twelve month period. For the purpose of subsequent years, the period following the first year of the Period of Insurance, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve month period, till the Period of Insurance End Date as specified in the Policy Schedule.

**Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

**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.

**Renewal** means 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** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**Reasonable and Customary 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

**Senior citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance Policy.

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

**Surgery or Surgical Procedure** means manual and/ or operative procedure(s) required for 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 a Medical Practitioner.

**Unproven/Experimental treatment** is the treatment including drug experimental therapy which is not 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/ Insured Person(s) in the Policy Schedule.

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

## 2. WHAT WE WILL PAY (SCOPE OF THE COVER)

At any point of time, our liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Annual Sum Insured (including Additional Sum Insured) stated in the schedule.

### A. Basic Cover:

If any insured person suffers an illness or Accident during Policy Period, the Policy provides indemnification of the Medical Expenses incurred by You which is in excess of the Deductible amount. Below mentioned base covers are Indemnity based covers and would be payable for actual (post deductible and/ or Co-Payment as applicable) or up to Annual Sum Insured whichever is lower.

Notwithstanding anything contained herein below, this Benefit shall not apply to any Medical Charges incurred by the Insured in any place or geographical area other than in India.

#### 1. In-patient Treatment

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

We will cover medical expenses for:

i. Hospital room rent

ii. Intensive Care Unit charges iii. Medical Practitioners fees iv. Nursing Charges

v. Diagnostics procedures

vi. Anesthesia, blood, oxygen, surgical appliances, medicines, drugs and consumables

vii. Intravenous fluids, blood transfusion, injection administration charges viii. Operation theatre charges

ix. The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.

#### 2. Day Care Treatments

We hereby agree subject to terms, conditions and exclusions contained herein or otherwise expressed here on that, if during the Policy 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).

We will also cover medical expenses for intravenous chemotherapy, radiotherapy, hemodialysis or any other procedure which require a period of specialized observation or care after completion of the procedure where such procedure is undertaken by an Insured person as an In-patient Hospitalization for a continuous period of less than 24 hours.

#### 3. In patient AYUSH Hospitalization

We will reimburse expenses for Alternative treatment only when the treatment has been undergone in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

We will not cover expenses for hospitalization done for evaluation or investigation only. Treatment taken at a healthcare facility which is not a Hospital are also excluded.

#### 4. Domiciliary Hospitalization

We will reimburse You for Medical Expenses incurred by You during "Domiciliary Hospitalization" upto an amount as mentioned in the Policy Schedule, subject always to the Maximum Limit of Indemnity.

The term "Domiciliary Hospitalisation" for the purpose of this Extension means medical treatment for an Illness/disease/Injury upon the written advice of a Medical Practitioner, for a period exceeding three consecutive days for such Illness or Injury which otherwise is covered under the Policy and in the normal course would require Hospitalisation but is actually undertaken by the patient whilst confined at home (in India) under any of the following circumstances, namely:

1. The condition of the patient is such that he/ she cannot be moved to the Hospital; or
2. The patient cannot be moved to Hospital for lack of accommodation therein. And provided that the condition for which the medical treatment is required continues for at least three days, in which case We will pay the Reasonable and Customary charges of any necessary medical treatment for the entire period.

Subject however that Domiciliary Hospitalisation benefits under any circumstances shall not cover:

a) Any pre or post hospitalization Medical Expenses ; and

b) Medical Expenses incurred by You for treatment of any of the following diseases:

   i. Asthma

   ii. Bronchitis

   iii. Chronic Nephritis and Chronic Nephritic/Nephrotic 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

#### 5. Donor expenses:

We will reimburse You up to an amount not exceeding Annual Sum Insured for the Hospitalization Expenses incurred in respect of the donor for the organ transplant surgery, provided:

The organ donated is for Your use and We have admitted Your Hospitalisation Claim under the Policy

The donation conforms to the "Transplantation of Human Organ Act 1994 (amended)

You have been Medically Advised to undergo an organ transplant. We will not pay the donor's pre & post medical expenses or any other medical treatment for the donor consequent on the harvesting

#### 6. Pre-Hospitalization and Post-Hospitalization Expenses

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

i. Pre-hospitalization Medical Expenses incurred by You up to 60-days immediately prior to Your Hospitalization; and

ii. Post-hospitalization Medical Expenses incurred by You up to 90-days immediately post Hospitalization.

Cover Under this extension will be provided only if,

i. The in-patient or day care hospitalization claim is admissible and payable as per terms and conditions of policy

ii. Such medical expenses are incurred for the same condition for which insured person is hospitalized

Pre and post hospitalization expenses or screening expenses of the donor or any other medical expenses as a result of harvesting from the organ donor will not be covered.

Expenses under this section will be covered on reimbursement basis only.

**7. Domestic Road Emergency Ambulance Cover**

We will reimburse You up to 1% of Your Sum Insured, maximum upto ₹ 5,000 per Hospitalization, for the reasonable expenses incurred by You on availing ambulance services offered by a Hospital or by an ambulance service provider for Your necessary transportation to the nearest Hospital in case of a life threatening emergency condition, provided however that, a Claim under this extension shall be payable by Us only when:

a) Such life threatening emergency condition is certified by the Medical Practitioner

b) We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy; and

c) The ambulance service is provided by a healthcare or ambulance service provider

**B. Reset Benefit**

For plans with Deductible ₹ 3lacs and above, We will reset up to 100% of the Sum insured once in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year, provided that:

i. The total amount of reset will not exceed the Sum Insured for that policy year

ii. The reset amount can only be used for all future claims within the same policy year, not related to the illness/disease/injury for which a claim has been paid in that policy year for the same person.

iii. The claim will be admissible under the reset only if the claim is admissible under "Section A - Basic cover"

iv. Reset will not trigger for the first claim

v. For individual policies, reset Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis

vi. Any unutilized reset Sum Insured will not be carried forward to subsequent policy year

vii. Such reset will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted.

viii. For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of

* The Sum Insured, and
* Additional Sum Insured

ix. During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of:

* The Sum Insured
* Additional Sum Insured
* Reset Sum Insured

**C. Additional Sum Insured (Cumulative Bonus)**

You will be entitled for Additional Sum Insured (cumulative bonus) as under, for every claim-free Policy Year under the Policy on its renewal Policy.

| Tenure | Additional Sum Insured (Cumulative Bonus) as a percentage of Sum insured |
|---|---|
| For each completed and continuous Policy Year subject to a maximum of 50% | 10% |

However, in the event of a Claim under the Policy during any subsequent Policy Year, the accrued Additional Sum Insured (cumulative bonus) will be reduced by 10% of the Sum Insured at the time of renewal of this Policy.

**D. Complimentary Health Check Up**

We will provide Complimentary health check-up coupons to the insured for every Policy Year, on issuance or upon renewal of the Policy, subject to a maximum of 2 coupons per year for floater policies.

**E. Wellness Program**

Wellness program intends to promote, incentivize and reward You for Your healthy behavior through various wellness services. All the wellness activities as mentioned below make You earn wellness points which will be tracked by Us. You can redeem these wellness points as per Our redemption terms and conditions.

The wellness services and activities are categorized as below:

a) Manage and track Your health
   * Online Health Risk Assessment (HRA)
   * Medical Risk Assessment
   * Preventive Risk Assessment

b) Disease Management Services

c) Medical Concierge Services

d) Affinity to Wellness

**A. Manage & Track Your Health: Online Health Risk Assessment (HRA)**

The Health Risk Assessment (HRA) questionnaire is a tool for evaluation of health and quality of life. It helps You review Your personal lifestyle practices which may impact your health status. You can log into Your account on Our website www.icicilombard.com and take HRA. This can be undertaken once per policy year per insured person.

On taking online HRA test, You can earn 250 wellness points per insured, maximum up to 500 points per floater policy.

**Medical Risk Assessment**

We will reward You with wellness points on undergoing medical checkup, using complimentary checkup coupons provided with policy, anytime during the policy period. We will help You in getting the appointment fixed at Our empanelled centers or We will arrange home visit wherever necessary. You will be awarded 1,000 wellness points per insured, maximum up to 2,000 points per floater policy on undergoing these tests. Second year onwards, if Your medical test results are in normal limits, additional 1,000 wellness points per insured, maximum up to 2,000 points per floater policy will be awarded for maintenance of health. We will communicate the findings of this assessment to You and advice You appropriately.

**Preventive Risk Assessment**

You can also earn wellness points by undergoing certain other diagnostic and preventive health check up (Specified in list given below or as suggested by Our empanelled medical experts) at any diagnostic centre at your own expenses. You shall have to submit medical reports of these tests to Us.

List of Additional tests and corresponding wellness points per Policy Year:

| Test | For whom | Wellness Points |
|---|---|---|
| Heart related screening tests (2D echo/ TMT) | Above 45 years | 500 |
| HbA1c / Complete lipid profile | Any age | 500 |
| PAP Smear | Females above age 45 | 500 |
| Mammogram | Females above age 45 | 500 |
| Prostate Specific Antigen (PSA) | Males above age 45 | 500 |
| Any other test as suggested by Our empanelled Medical expert | As suggested | 500 |

**B. Disease Management Services**

In case Your medical tests indicate any health irregularities, We will help You track Your health through Our empanelled medical experts who will guide You in maintaining/ improving Your health condition. We may also provide Dietician and nutritional counseling as per Your health condition.

**C. Medical Concierge Services**

You can also contact Us to avail the following services:

* Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
* Second opinion provided through electronic mode: E-opinion (Second opinion) of an empanelled medical expert and/or agency.

* Referral for medical service provider, evacuation/ repatriation services, home nursing care etc

**D. Affinity to wellness**

We will provide You information on health and wellness training, online fitness portals, sporting events, various sports and health related applications, latest fitness accessories through periodic communications like e-mailers, blogs, forums etc. and will reward You for undertaking any of the fitness & health related activities as given below.

**List of Fitness initiatives and wellness points**

| Initiatives | Wellness Points |
|---|---|
| Gym/ Yoga membership for 1 year | 2,500 |
| Participation in Professional sporting events like Marathon/Cyclothon/Swimathon etc. | 2,500 |
| Participation in any other health & fitness activity/ event organized by Us | 2,500 |

You have to provide Us relevant receipts/ bills and /or certificates indicating participation and completion of these activities. These fitness centers, gym, yoga centers etc and the companies organizing these fitness initiatives should be legally registered entities as per rules, regulations as applicable by governing law.

As per the above mentioned activities, You can earn maximum 5,000 wellness points per insured, and maximum 10,000 wellness points per floater policy.

You can also earn 100 wellness points for each of the following activities:

a. Quit smoking - based on Self declaration

b. Share Your fitness success story

c. On winning any Health quiz organized by Us

**Redemption of Wellness Points**

Each wellness point will be equivalent to ₹ 0.25. Wellness points not redeemed in the given policy year can be carry forwarded maximum up to 3 years from the date of awarding of these points, provided the policy is renewed continuously for subsequent 3 years. You can redeem these wellness points against outpatient medical expenses like consultation charges, medicine & drugs, diagnostic expenses, dental expenses, wellness & preventive care and other miscellaneous charges not covered under any medical insurance, through our Network providers, the list of which will be updated on our website www.icicilombard.com from time to time. In case cashless facility is not available for wellness points' redemption at these network centres, You can avail reimbursement by submitting relevant documents with Us.

**E. Terms and conditions under wellness services**

* Any information provided by You in this regard shall be kept confidential.
* You should notify and submit relevant documents, reports, receipts etc for various wellness activities within 60 days of undertaking such activity.
* For services that are provided through empanelled service provider, We are only acting as a facilitator; hence would not be liable for any incremental costs or the services.
* All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However You should consult Your doctor before availing/taking the medical advices/ services. The decision to utilize these advices/services is solely at Your discretion.
* There will not be any cash redemption against the wellness points.
* ICICI Lombard, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, is not responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Program.
* Services offered are subject to guidelines issued by IRDA from time to time.

**F. Claim Service Guarantee**

We provide You Claim Service Guarantee as follows:

a) **For Reimbursement Claims**: We shall make the payment of admissible claim (as per terms & conditions of Policy) OR communicate non admissibility of claim within 14 days after You submit complete set of documents & information in respect of the claim. In case We fail to make the payment of admissible claim or to communicate non admissibility of claim within this time within this time period, We shall pay 1% interest over and above the rate defined as per IRDA (Protection of Policyholder's Interest) Regulations 2002.

b) **For Cashless Claims**: If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will respond within 4 hours of the actual receipt of such pre authorization request with:

   a) Approval, or

   b) Rejection, or

   c) Query seeking further information

In case the request is for enhancement, i.e. Request for increase in the amount already authorized, We will respond to it within 3 hours.

In case of delay in response by Us beyond the time period as stated above for cashless claims, We shall be liable to pay ₹ 1,000 to You. Our maximum liability in respect of a single hospitalization shall, at no time exceed ₹ 1,000.

We will not be liable to make any payments under this Claim Service Guarantee in case of any force majeure, natural event or manmade disturbance which impedes Our ability to make a decision or to communicate such decision to You.

This Claim Service Guarantee shall not be applicable for any cases delayed on account of reasonable apprehension of fraud or fraudulent claims or cases referred to/by any adjudicative forum for necessary disposal.

You may lodge claim separately for the hospitalization claim, Pre-Post hospitalization, optional covers, OPD etc. In such scenarios, if delay happens beyond the time period as specified above, the interest amount calculated will be on the net sanctioned amount of respective transaction and not the total amount paid for the entire claim.

If You are not eligible for 'Claim Service Guarantee' for the reasons stated in the policy conditions, We should inform the same to You, within the 14 days for a) and within 4 hours for b) as specified above.

Any amounts paid towards interest under Claim Service Guarantee will not affect the Sum Insured as specified in the Schedule.

**How Deductible works:**

**Super Top Up Plan:**

Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year.

The deductible will apply on individual basis in case of individual policy and on floater basis in case of floater policy.

Claim amount under optional covers will not be considered for deductible.

**3. WHAT WE WILL NOT PAY (EXCLUSIONS APPLICABLE TO POLICY)**

1. **Deductible:** We shall not be liable for the Deductible amount as specifically defined in Part I of the Schedule.

   We are not liable for any payment unless the medical expenses exceed the deductible.

   Deductible shall not be applicable for optional covers, if any.

2. **Co-Payment:** We are not liable to pay twenty percent (20%) of admissible claim amount above the Deductible applicable under the Policy, for insureds above 60 years of age. This does not apply if insured is 60 years of age or below.

   However, this condition will not be applicable if You were aged 45 years or below at the time of buying this policy first time with Us and have renewed it continuously after that.

   Co payment will not be applicable for optional covers, if any

3. **First 30 days waiting Period:** Any diseases contracted and declared during first 30 days of period of insurance start date except those arising out of Accidents. This exclusion shall cease to apply from first renewal of the Policy with Us.

   This will not be applicable if the Insured person(s) was insured

continuously and without interruption for at least 1 year under any other health insurance plan with an Indian non-life insurer as per guidelines on portability issued by the insurance regulator.

4. **Pre - Existing Disease waiting period:** Any Pre-existing condition(s) declared by You and accepted by Us, shall not be covered until 24 months of Your continuous coverage, since inception of this policy.

   This waiting period will be reduced by number of continuous preceding years of coverage of the insured person under previous health insurance policy by Us or any other health insurance plan with an Indian non-life insurer as per guidelines on portability issued by the insurance regulator.

   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 Annual Sum Insured that is lowest under the Period of Insurance.

   Coverage under the policy for any Pre existing diseases is subject to the same being declared at the time of application and accepted by Us without any exclusion.

   In the event of non disclosure of Pre existing disease at the time of buying the policy, policy will be null and void and will be cancelled. We will not be liable to pay any claim under such policy.

5. **First 2 year exclusion (Specific waiting Period):** For medical diseases/ conditions and treatments/procedures mentioned below, a waiting period of 2 years will be applicable. This will not be applicable only in cases where the procedure is required due to occurrence of cancer.

| S. No | Organ /Organ System | Illness | Treatment/ Procedure |
|---|---|---|---|
| A | ENT | * Sinusitis<br>* Deviated Nasal Septum | * Treatment for conditions related to Tonsils, adenoids, sinuses<br>* Mastoidectomy |
| B | Gynaecological | * Fibroids (fibromyoma)<br>* Endometriosis<br>* Prolapsed uterus<br>* Polycystic ovarian disorder (PCOD) | * Dilatation and curettage (D&C)<br>* Myomectomy<br>* Hysterectomy |
| C | Orthopaedic | * Arthritis<br>* Gout and Rheumatism<br>* Osteoarthritis and Osteoporosis<br>* Spinal or Vertebral Disorders | * Surgery for inter vertebral disc<br>* Joint replacement surgeries |
| D | Gastrointestinal | * Calculus diseases of gall bladder including Cholecystitis<br>* Esophageal Varices<br>* Pancreatitis<br>* Fissure/fistula in anus, hemorrhoids, pilonidal sinus, piles<br>* Ulcer and erosion<br>* Gastro Esophageal Reflux Disorder (GERD)<br>* Perineal Abscesses<br>* Perianal Abscesses | * Cholecystectomy<br>* Procedures for Biliary stones |
| E | Uro-genital | * Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone etc.<br>* Benign enlargement of Prostate<br>* Chronic Kidney Disease | * Surgery on prostate<br>* Surgery for Hydrocele/ Rectocele<br>* Dialysis |
| F | Eye | * Cataract | * PHACO emulcification<br>* Any other cataract surgery |
| G | Other General conditions (Applicable to all organ systems/ organs/ disciplines whether or not described above) | * Internal tumors, cysts, nodules, polyps, skin tumors, Lumps, All types of Internal congenital anomalies/illnesses/ defects | * Surgery of varicose veins and varicose ulcers<br>* Varicocele<br>* Surgery for any Hernia |

In case the above Illnesses are Pre-Existing Disease at the commencement of this Policy, then these Illnesses shall be covered after 24 months of continuous coverage, since Period of Insurance Start Date. This waiting period will be reduced by number of continuous preceding years of coverage of the insured person under previous health insurance policy in case of portability.

**6. Permanent exclusions**

Unless covered by way of an appropriate Extension/optional covers, We shall not be liable to make any payment under this Policy in connection with or in respect of

i. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.

ii. 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.

iii. 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.), oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.

iv. Expenses incurred on all dental treatment unless necessitated due to Accident.

v. Personal comfort, cosmetics convenience and hygiene related items and services.

vi. Alternative treatment except AYUSH

vii. Circumcision unless necessary for treatment of a disease or necessitated due to an Accident.

viii. Vaccination and inoculation of any kind unless it is post animal bite. ix. Sterility, venereal disease or any sexually transmitted disease.

x. 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.

xi. Any expense incurred on treatment of mental Illness, stress, psychiatric or psychological disorders.

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 fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy.

However, this exclusion do 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 T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy 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 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 kind of weight loss treatment irrespective of the reason for such treatment, 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/ device which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury.

xxii. 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.

xxiii. Treatment received outside the country.

xxiv. Treatment by a family member and self-medication or any treatment that is not scientifically recognized. 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 travel or transportation expenses excluding ambulance charges, unless specifically covered.

xxvi. Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemies, hostilities (whether declared or not), civil war, commotion, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

xxvii. Any Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/ materials or contributed to by or arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

xxviii. Treatment arising from or traceable to pregnancy (this exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner) and childbirth, miscarriage and abortion. This exclusion will not be applicable if any of the maternity complications as listed under 'Maternity complication benefit cover' occurs.

xxix. Expenses attributable to self-inflicted Injury (resulting from suicide, attempted suicide).

xxx. The performance of adventure sports of any kind.

xxxi. Any Injury or Illness sustained or contracted due to flying other than as a passenger on a scheduled regular carrier.

xxxii. Any losses directly or indirectly due to contamination caused by any act of terrorism, regardless of any contributory causes.

xxxiii. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.

xxxiv. If Policy is issued to You as per condition based exclusion clause, that particular condition and its related complications will be permanent exclusion for that insured.

**Condition based specific exclusion clause:**

Subject to our underwriting guidelines, for specific conditions and illnesses, we may provide Policy but with terms that any expenses directly or indirectly related to this condition / illness, including its complications will be considered permanent exclusion for that insured under this Policy.

We will give You an intimation by post/ phone call/ e-mail regarding this term & condition. We will issue You a Policy only if You accept this condition based exclusion. You have to revert Us in 15 days for the same. If You do not, it would be considered as non acceptance and Policy will not be issued.

## 4. CLAIM 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 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:

### 1. Notification of Claim

**For Reimbursement**

| Treatment/ Procedure | You should inform Us |
|---|---|
| Any Planned Hospitalization for which claim can be made | At least 48 hours prior to admission in hospital |
| Any Emergency Hospitalization for which claim can be made | Within 24 hours of hospitalization |
| For all other cases/benefits | Within 7 days of completion of such treatment or procedure |

**For Cashless Services**

| Treatment/ Procedure | Taken at | We must be notified along with full particulars |
|---|---|---|
| Any Planned treatment/ Hospitalization | Network hospital | At least 48 hours before the treatment/ hospitalization |
| Any Emergency treatment/ Hospitalization | Network hospital | Within 24 hours of the treatment/ hospitalization |

In case of covered Hospitalization, the cost of which were not initially estimated to exceed the deductible but were subsequently found likely to exceed the deductible, the intimation should be submitted along with a copy of intimation made to the other insurer immediately.

### 2. Claims procedure

**i. For Cashless Settlement**

Cashless treatment is only available at a Network Provider (List of Network Provider is available at our website. The list is updated as and when there is any change in the Network Provider). In order to avail of cashless treatment, the following procedure must be followed by You:

**Pre-authorization**

Prior to taking treatment and/ or incurring Medical Expenses at a Network Provider, You must contact Us or Our In house claim processing team accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the Medical Practitioner/ Hospital and any other information that may be relevant to the Illness/ Hospitalisation. You must request pre-authorisation at least 48 hours before a planned Hospitalization and in case of an emergency situation, within 24 hours of Hospitalization.

To avail of Cashless Hospitalization facility, You are required to produce the 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.

**ii. For Reimbursement Settlement**

a) You shall give notice to Us or Our In house claim processing team by calling the toll free number as specified in the Policy provided to You and also in writing at Our address with particulars as below:

* Policy number
* Your Name
* Your relationship with the Policyholder
* Nature of Illness
* Name and address of the attending Medical Practitioner and the Hospital
* Any other information that may be relevant to the Illness/ Hospitalization

The above information needs to be provided to Us or Our In house claim processing team immediately within 24 hours of Hospitalization in case of an emergency situation or at least 48 hours before a planned hospitalization, failing which We will have the right to treat the Claim as inadmissible, as We may deem fit at Our sole discretion.

b) You must immediately consult a Medical Practitioner and follow the advice and treatment that he/she recommends.

c) 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 to 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. 2 (i) & 2(ii), 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 In house claim processing team, You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our In house claim processing team considers reasonable and necessary. The cost of such examination will be borne by Us.

Kindly note that the Company has de-listed few of the hospitals and the Company shall not service any claims including re-imbursement claims for the treatment undertaken at these hospitals. List of de-listed hospitals is available at our website.

**3. Claim documents**

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

i. Duly completed Claim form signed by You and the Medical Practitioner (Claim form can be downloaded from our website www.icicilombard.com)

ii. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner

iii. Original bills from chemists supported by proper prescription.

iv. Original investigation test reports and payment receipts.

v. Indoor case papers

vi. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.

vii. Any other document as required by Us or Our In house claim processing team to investigate the Claim or Our obligation to make payment for it.

In case of multiple health policies, the customer has to provide attested photocopy of the claim documents duly stamped by the hospital along with the Claim settlement letter from the other insurer who has paid the claim. In case certain documents which were not considered by the previous insurer are required, those have to be provided in original to the company for claim processing.

**4. Claim assessment in case of Co payment**

If the insured in respect of whom, claim is made, is aged above 60 years, 20% co pay will be applicable. Claim shall be assessed in following order:

* Deductible will be applied as per cover on admissible claim amount
* Co payment will be applied on admissible claim amount over and above deductible
* Balance amount will be the claim payable

However, this condition will not be applicable if You were aged 45 years or below at the time of buying this policy first time with us and have renewed it continuously after that.

No co payment is applicable for optional covers, if any.

**5. Settlement/ Rejection of Claim**

The Settlement of claims including its rejection would be done by Us within 30 days after receipt of last necessary documents, any rejections if done, would be provided with proper reasons by Us.

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

**6. Claim falling in two Policy periods**

If the claim event falls within two Policy periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy Periods, including the Deductibles for each Policy Period. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the Renewal/due date of premium of health insurance Policy, if not received earlier.

**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/ her latest known address.

b) Any payment due to You (insured) under this Policy shall be paid to the Policy Holder by Us. We shall not be responsible for any liability arising out of the Policy Holder's delay or default in making payment to You (insured). However, We also reserve Our right to pay the Claim directly to You or to the Hospital or to someone on Your behalf. The receipt by the Policy Holder / You or Hospital or someone claiming on Your behalf 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 Annual Sum Insured (including Additional Sum Insured) 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.

**Portability Benefits:**

If You were insured continuously and without a break under another Indian retail health insurance policy with any other Indian non-life Insurance company or stand alone Health Insurance company, it is understood and agreed that:

a) You should provide Us Your application and the completed Portability Form with complete documentation at least 45 days before the expiry of Your present period of insurance in case You wish to avail Portability benefits.

b) Portability benefit is available only at the time of renewal of the existing health insurance policy.

c) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

d) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

e) The portability shall be applicable to the Sum Insured under the previous policy and also to an enhanced Sum Insured, if requested by the insured, to

the extent of cumulative bonus acquired from the previous insurer(s) under the previous policies.

For e.g.- If a person had a SI of ₹ 4lacs and accrued bonus of ₹ 40,000 with insurer A, when he shifts with Us, We will offer him SI of ₹ 5lacs by charging the premium applicable for ₹ 5 lacs SI.

Following extensions are being offered to You as optional covers under this product. These benefits are available w.r.t. the members, for whom these optional covers have been opted by You by paying additional premium.

## 5. EXTENSIONS AVAILABLE UNDER THE POLICY

In consideration of additional payment of premium to Us, following extensions may be offered to You as optional covers. Benefits under these covers are applicable on per member basis.

**Optional cover - 1**

**1. Hospital Daily Cash**

We will pay You a daily cash amount, as stated against this Extension in the Policy Schedule, for each and every completed day of Hospitalization up to a maximum of 30 consecutive days, if such Hospitalization is at least for a minimum of 3 consecutive days and it falls within the Policy Period.

**2. Convalescence Benefit**

We will pay You an amount as stated against this extension in the Policy schedule, if You are Hospitalized for a minimum period of 10 consecutive days, due to any Injury or Illness as covered under the Policy. This benefit is payable only once to an Insured Person during each Policy Year of the Policy Period.

**Optional Cover - 2**

**1. Personal Accident Cover**

We will pay You or Your Nominee/ legal heir, as the case may be, the sum insured as specified against this Extension in the Policy Schedule, on occurrence of any Insured Event, as specifically described hereunder, arising due to an Injury sustained by You during the Policy Period. This cover is available only for adult members aged maximum up to 60 years. This is a worldwide cover.

**a) Insured Event - Accidental Death**

We will pay Your Nominee/legal heir, as the case may be, the sum insured as specified against this Extension in the Policy Schedule, on the unfortunate event of Your death, provided such death results solely and directly from an Injury sustained within a period of twelve months from the date of Accident provided that the date of occurrence of the Accident falls within the Policy Period.

**b) Insured Event - Permanent Total Disablement (PTD) resulting from Accident**

We will pay You the sum insured as specified against this Extension in the Policy Schedule on the occurrence of any of the following losses, provide such losses are total, permanent and irrecoverable resulting solely and directly from an Injury sustained within a period of twelve months from the date of Accident resulting in such Injury:

i. Loss of use of both eyes, or physical separation/ loss of use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such loss of use of one eye and such physical separation/ loss of use of one entire hand or one entire foot.

ii. Physical separation/ loss of use of two hands or two feet, or one hand and one foot, or of Loss of Use of one eye and loss of use of one hand or one foot.

If such Injury is permanently and totally, disabling the Insured Person from engaging in any employment or occupation of any description whatsoever. Provided that the date of occurrence of the Accident falls within the Policy Period.

Notwithstanding anything, We shall not be liable to pay You under this Extension for:

* Compensation under more than one of the categories as specified in the Insured Event, during the Policy Period.
* Payment of compensation in respect of Death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness unless such Illness arose directly as a consequence of an Accident.
* Compensation in respect of a death or disablement resulting from, whilst:
  a. engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world, or engaging in any kind of adventure sports for personal gratification.
  b. participating in winter sports, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any professional sports, any bodily contact sport or any other hazardous or potentially dangerous sport.
  c. working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation/ activities of similar hazard.
  d. serving in any branch of the military or armed forces of any country during war or warlike operations.
* Compensation in respect of death or disablement
  a. arising or resulting from You committing any breach of law with a malafide or criminal intent.
  b. directly or indirectly caused by venereal disease or insanity or mental, nervous or emotional disorder.
  c. resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.

**Claim Documents for Personal Accident Cover:**

You or Your Nominee/ legal heir, as the case may be, shall be required to furnish the following for or in support of a claim:

**i. In case of Death**

* Policy Copy
* Claim form duly filled & signed by Nominee
* Post Mortem Report (certified copies) - as applicable and wherever conducted
* F.I.R. or Death report or Inquest Panchnama (in original or certified copies)
* Spot Panchnama (certified copies) - if applicable
* Death certificate (in original or certified copy)

**ii. In case of PTD**

* Policy Copy
* Claim form duly filled & signed by You
* Disability certificate - by an authorized Medical Practitioner of the district/ units concerned, stating percentage of disablement
* F.I.R. and Panchnama wherever applicable (original or certified copies)
* Medical report
* Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
* Original bills from chemists supported by proper prescription
* Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability and payment receipts
* Photo of Insured Person showing the disability

In addition to above, we may also ask for certain relevant documents as required from case to case basis. If You are covered under any health and accident insurance policy of other insurance company and become entitled

to Claim under such policy, then You can submit to Us the copies of the claim documents/ medical records, provided they are duly certified by such insurance company or any hospital where You are getting treated, as applicable.

**2. Temporary Total Disablement (TTD) Rehabilitation Cover (resulting from Accident Extension)**

We, hereby agree to pay a sum as stated in the Policy Schedule against this extension, per week, on the occurrence of Temporary Total Disablement, which means such loss caused to the Insured Person provided:

i. The temporary total disablement results solely and directly from an Injury sustained within the Policy Period/ Policy Year.

ii. Such a disablement arises out of an Injury within 7 days from the date of Accident resulting in such Injury.

iii. Completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which he/ she was capable of performing at the time of Accident resulting in such Injury.

iv. This weekly compensation shall be paid for such time period for which the Insured Person is totally disabled from engaging in any employment or occupation of any description whatsoever.

v. The compensation payable under this Benefit shall not be payable for more than 10 weeks in respect of an Injury, calculated from the date of commencement of disablement.

vi. Subject to the terms, conditions and exclusions applicable to Extension 03 and the terms, conditions, general exclusions stated in the Policy

This cover is available only for adult members aged maximum up to 60 years.

Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible. Only the rehabilitation services provided by a certified practitioner will be considered.

**3. Repatriation of Remains**

In the unfortunate event of death of the Insured Person whilst travelling within the geographical boundaries of India, during the Policy Period, We will reimburse the legal heir/ Nominee the costs of transporting the remains of such Insured Person back to his/ her place of residence or, up to an equivalent amount, for burial or cremation in the city where the death has occurred. However, Our maximum liability under this cover will not exceed the Annual Sum Insured as specified against this Extension in the Policy Schedule.

**Optional Cover - 3**

**Critical Illness Cover**

We will pay You/ the Nominee, the sum insured as stated against this Extension in the Policy Schedule, in case You are diagnosed as suffering from one or more of the Critical Illnesses for the first time in your life, during the Policy Period.

This cover is available only for adult members aged maximum up to 60 years.

However, We will not make any payment if You are first diagnosed as suffering from a Critical Illness within 90 days of the Period of Insurance Start Date. This benefit can be availed by You only once during Your lifetime. No Claim under this Extension shall be admissible in case any of the Critical Illnesses is a consequence of or arises out of any Pre-Existing Condition(s)/ Disease.

"**Critical Illness**" for the purpose of this Policy includes the following:

**1. Cancer of Specified Severity**

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -

i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.

ii. Any skin cancer other than invasive malignant melanoma

iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....

iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter

v. Chronic lymphocyctic leukaemia less than RAI stage 3 vi. Microcarcinoma of the bladder

vii. All tumours in the presence of HIV infection.

**2. Coronary Artery Bypass Graft Open Chest CABG**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

a. Angioplasty and/ or any other intra-arterial procedures b. Any key-hole or laser surgery

**3. First Heart Attack - of Specified Severity**

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T

ii. Other acute Coronary Syndromes iii. Any type of angina pectoris.

**4. Open Heart Replacement or Repair of Heart valves**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

**5. Kidney Failure Requiring Regular Dialysis**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**6. Major Organ/ Bone marrow Transplant**

The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that Resulted from irreversible end-stage failure of the relevant organ, or human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

**7. Stroke Resulting in Permanent Symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

**8. Permanent Paralysis of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

**9. Multiple Sclerosis with persisting symptoms**

a) The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

b) Other causes of neurological damage such as SLE and HIV are excluded.

**10. Parkinson's Disease**

Unequivocal diagnosis of idiopathic or primary Parkinson's disease (all other forms of Parkinson's are excluded) before age 65 that has to be confirmed by a specialist Medical Practitioner. There is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below:

i. **Transfer**: Getting in and out of bed without requiring external physical assistance

ii. **Mobility**: The ability to move from one room to another without requiring any external physical assistance

iii. **Dressing**: Putting on and taking of all necessary items of clothing without requiring any external physical assistance

iv. **Bathing/Washing**: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means

v. **Eating**: All tasks of getting food into the body once it has been prepared OR must result in a permanent bedridden situation and the inability to get up without outside assistance. These conditions have to be medically documented for at least a continuous period of 90 days.

**11. Motor Neuron Disease with permanent symptoms**

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscularatrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. **Benign Brain Tumour (resulting in permanent neurological symptoms)** Removal of non cancerous growth of tissue in the brain under general anaesthesia leading to a permanent neurological deficit or if inoperable also leading to a permanent neurological deficit. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical findings in CT Scan or MRI of the brain. Permanent neurological deficit means the condition has to be medically documented for at least a continuous period of 90 days.

**13. Total Blindness**

Total irreversible loss of sight in both eyes, duly certified by an ophthalmologist's report as a result of acute sickness or Accident. Loss of sight will be deemed to have occurred if the degree of sight remaining after correction in both eyes is 3/ 60 or less on the Snellen scale or equivalent.

* Diagnostic criteria:
* Attending ophthalmologist's report
* Blindness occurring as a result of any criminal activity will not be covered

**14. End Stage Lung Disease**

End Stage Lung Disease caused by a chronic, progressive, irreversible pulmonary pathology like interstitial lung disease, occupational lung disease, bronchiectasis causing chronic respiratory failure and requiring artificial ventilatory support. Chronic respiratory failure must have been documented by a specialist medical practitioner for a continuous period of 90 days. Artificial ventilator support must be certified to be required for a continuous period of 90 days by a specialist medical practitioner and such usage for a continuous period of 90 days must be documented by specialist medical practitioner. Exclusions:

i. Any disease or complication thereof of the other parts of the respiratory tract.

ii. Any disease of lung(s) attributable directly or indirectly to any ailment of other organ systems - e.g. pulmonary edema due to heart failure, lung involvement in Systemic Lupus Erythematosis, etc.

iii. Any disease of lung(s) attributable directly or indirectly to a genetic cause

iv. Use of inhalers does not constitute artificial ventilator support.

v. Any use of oxygen, either alone or in combination with other gases, which forms a part of treatment of diseases of other organ systems does not constitute artificial ventilator support

vi. Acute respiratory failure

**15. Alzheimer's Disease**

Unequivocal diagnosis of Alzheihmer's Disease (presenile dementia) before age 65 that has to be confirmed by a specialist Medical Practitioner and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more Activities of Daily Living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/ drinking (ability to feed oneself but not to prepare the food) or must result in need of supervision and the permanent presence of care staff due to the disease. These conditions have to be medically documented for at least a continuous period of 90 days.

**16. Primary Pulmonary Hypertension**

An increase in the blood pressure in the pulmonary arteries, caused by either an increase in pulmonary capillary pressure, increased pulmonary blood flow or increased pulmonary vascular resistance.

Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by cardiac catheterization showing a mean pulmonary artery pressure during rest of at least 20mm Hg.

Furthermore right ventricular hypertrophy or dilatation has to be medically documented for at least 90 days.

**17. Surgery to Aorta**

The actual undergoing of surgery for a chronic disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoraci and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

Realisation of the aortic surgery has to be confirmed by a specialist Medical Practitioner.

**18. Aplastic Anaemia**

Aplastic Anaemia involving Chronic persistent bone marrow failure which results in anaemia, leucoopenia and thrombocytopenia requiring treatment. The diagnosis has to be confirmed by a specialist medical practitioner and supported by characteristic findings on peripheral blood smear and bone marrow biopsy.

**19. Bacterial Meningitis**

Bacterial Meningitis involving bacterial infection causing in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. The diagnosis of bacterial meningitis must be supported by analysis of cerebrospinal fluid,

including culture, showing characteristic bacterial growth. Meningitis due to any other cause will not be covered. Meningitis occurring in a person with HIV/ AIDS will not be covered.

**20. Fulminant Viral Hepatitis**

Fulminant Hepatitis involving sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure characterized by

i. Permanent jaundice (bilirubin > 2 micromol/ l)

ii. Moderate ascites

iii. Albumin <3.5g/ dl

iv. Prothrombin time <70% of the normal for the age & gender v. Hepatic encephalopathy

The etiology of hepatitis must be viral in origin - limited to Hepatitis A, or B, or C, or D or E or G; it must be evidenced by significant rise in titers of viral DNA/ RNA

Excluded are:

i. Child-Pugh-Stage A

ii. Liver Disease Secondary to alcohol or drug misuse

iii. Fulminant Viral Hepatitis occurring in a person with HIV/ AIDS will not be covered

**21. End Stage Liver Disease**

Severely advanced liver disease resulting in cirrhosis which has to be confirmed by a specialist Medical Practitioner and evidenced by a Child-Pugh-Stage B or Child-Pugh-Stage C with regard to the following criteria:

i. Permanent jaundice (bilirubin > 2 micromol/ l)

ii. Moderate ascites

iii. Albumin <3.5g/ dl

iv. Prothrombin time <70% of the normal for the age & gender v. Hepatic encephalopathy

Excluded are:

i. Child-Pugh-Stage A

ii. Liver Disease Secondary to alcohol or drug misuse

## PART III OF THE POLICY SCHEDULE

### 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 Accidental loss or damage 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 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 declaration 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 record. You shall exercise all necessary co-operation in obtaining the medical records from the Hospital, and furnish them 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:
   * Forthwith file/ submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Policy.
   * 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. We may condone the delay on merit for delayed claims where the delay is proved to be for reasons beyond Your control.
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**: 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 rateable proportion of Sum Insured.

    This clause shall not apply to any Benefit offered on fixed benefit basis.
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. **Terms of renewal**

    a) A health insurance Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

    b) Renewal Premium: Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.

    c) Lifetime renewability.

    d) Grace Period: Grace Period of 30 days from the expiry of the Policy is provided. We will not be liable for any Claim which occurs during the Grace Period.

    e) In the likelihood that this Policy is revised/ modified/withdrawn in future, we will intimate the insured person regarding the same at least 3 months prior to expiry of the Policy. In case of withdrawal, the insured person have the option to migrate to the nearest substitute Policy as available with Us at the time of renewal with all the continuity benefits, provided the Policy has been maintained without a break as per the IRDA portability guidelines.

f) If a claim becomes payable under Critical Illness optional cover, it will not be offered on subsequent renewal.

g) In case of any change in risk material to the queries raised in proposal form, medical examination report to be provided on renewal.

**Sum Insured Enhancement**: You can enhance Your sum insured under the Policy, for the same deductible, only upon renewal, subject to underwriters' approval. If the Policy is renewed for an enhanced Annual Sum Insured, then fresh waiting period will be applicable to this enhanced limit from the effective date of such enhancement.

**14. Automatic Termination of Policy:**

The coverage for the Insured Person shall automatically terminate if:

a) You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.

b) **Upon exhaustion of Policy Sum Insured**

In case of individual Sum Insured Policy, where no claim has been made, and automatic termination takes place on account of death of the insured person, pro-rate refund of premium of the deceased Insured Person for the balance period of the Policy will be effected.

In case of floater policy no refund shall be made on account of death of any one or more insured person/s, unless the entire policy is cancelled.

**15. Cancellation/ termination of the policy**

a) Disclosure to information norm: The Policy shall be void and 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 may cancel the Policy during free look period (15 days from the date you receive the Policy) in which case we will refund the premium paid subject only to a deduction of the expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges.

c) 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 as per the rates detailed below, provided no claim has been payable on Your behalf under the Policy:

| Cancellation Period | Refund % for 1 year tenure Policy | Refund % for 2 year tenure Policy | Refund % for 3 year tenure Policy |
|---|---|---|---|
| Within 1 month | 80% | 80% | 80% |
| From 1 month to 3 months | 60% | 70% | 70% |
| From 3 months to 6 months | 40% | 60% | 65% |
| From 6 months to 9 months | 20% | 50% | 60% |
| From 9 months to 12 months | 0% | 40% | 55% |
| From 12 months to 15 months | NA | 30% | 45% |
| From 15 months to 18 months | NA | 20% | 40% |
| From 18 months to 21 months | NA | 10% | 35% |
| From 21 months to 24 months | NA | 0% | 25% |
| From 24 months to 27 months | NA | NA | 20% |
| From 27 months to 30 months | NA | NA | 10% |

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Policy/ Certificate of Insurance where any claim has been admitted by Us or has been lodged with Us or any benefit has been availed by the You under the Policy.

We may cancel the policy by giving You 15 days notice for the cancellation. We shall refund premium on pro rata basis provided no claim has been made.

16. **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 Policy Schedule. The cause of action can arise anywhere in the world in case of Personal Accident Cover (Extension HC 05), if available under the Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

17. **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.

18. **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 We have disputed or not accepted liability under or in respect of this Policy.

19. **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 insured has not made any claim during free look period, insured will be entitled to:

* A refund of premium paid less any expenses incurred by Us 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 You, 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 is done 15 days after the receipt of Policy by You, we would refund premium on short term rates to You.

**20. 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. However renewal intimation will be made available as required. 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.

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.

21. **Notices**: Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post:

    To You, at Your last-known address

**To Us**

    ICICI Lombard General Insurance Company Limited

    ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025

    In addition, we may send You other information through electronic and telecommunications means with respect to Your Policy from time to time.

    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.

**22. 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. You can also call at Our toll free No.

**23. Grievances**

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

    i. For resolution of any query or grievance, Insured may contact the respective branch office of The Company or may call us at toll free no. 1800 2666 or email us at customersupport@icicilombard.com or write to us at

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

    ii. If you are not satisfied with the resolution provided, you may approach us at the sub section "Grievance Redressal" on our website www.icicilombard.com (Customer Support section).

    iii. In case Your complaint is not fully addressed by the insurer,You may use the Integrated Greivance Management System (IGMS) for escalating the complaint to IRDA. Through IGMS You can register your complain online and track its status. For registration please visit IRDA website www.irda.gov.in.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 | |
|---|---|
| Ahmedabad: 2nd Floor, Ambika House, Near C. U. Shah College, Ashram Road, Ahmedabad - 380 014. Tel No. 079-27546840, 27545441 Fax No. 079 27546142, Email-bimalokpal.ahmedabad@gbic.co.in | State of Gujarat a d Union Territories of Dadra & Nagar Haveli and Daman and Diu |
| Bengaluru: 19/19, Jeevan Soudha Building, Ground floor, 24th Main, JP Nagar First Phase, Bengaluru - 560 078 Tel No. 080-26652049 Email bimalokpal.bengaluru@gbic.co.in | State of Karnataka |
| Bhopal: Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal - 462 003. Tel No. 0755-2769201/02 Fax No. 0755-2769203 Email-bimalokpal.bhopal@gbic.co.in | State of Madhya Pradesh and Chhattisgarh |
| Bhubaneswar: 62, Forest Park, Bhubaneswar - 751 009. Tel No. 0674-2596429, 2596455 Fax No. 0674-2596429 Email-bimalokpal. bhubaneswar@gbic.ci.in | State of Odisha |
| Chandigarh: S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160017. Tel No. 0172-2706468, 2773101 Fax No. 0172-2708274 Email-bimalokpal.chandigarh@gbic.co.in | States o Punjab. Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh |
| Chennai: Fatima Akhtar Court, 4th Floor, 453 (Old 312 Anna Salai, Teynampet, Chennai - 600 018. Tel No. 044-24333668, 24335284 Fax No. 044-2433664 Email-bimalokpal.chennai@gbic.co.in | State of Tamil Nadu and Union Territories Pondicherry o n, and Karaikal (which are part of Union Territory of Pondicherry) |
| Delhi: 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel No. 011-23239633, 23237539 Fax No. 011-23230858. Email-bimalokpal.delhi@gbic.co.in | State of Delhi |
| Kochi: 2nd Floor, CC-27/2603, Pulinat building, M. G. Road, Ernakulam, Kochi - 682 015, Tel No. 0484-2358759, 2359338 Fax No. 0484-2358336 Email-bimalokpal.ernakulam@gbic.co.in | State of Kerala and Union Territory of (a) Lakshdweep (b) Mahe - a part of Union Territory of Pondicherry |
| Guwahati: "Jeevan Nivesh" Bldg., 5th Floor, Near Pan Bazar Overbridge, S. S. Road, Guwahati-781 001. Tel No. 0361-2132204, 2132205 Fax no. 0361-27322937 Email-bimalokpal.guwahati@gbic.co.in | States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| Hyderabad: 6-2-46, 1st Floor, Moin Court Lane Opp., Saleen Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004 Tel No. 040-65504 123, 23312122 Fax No. 040-23376599. Email-bimalokpal.hyderabad@gbic.co.in | States of Andhra Pradesh, Telangana and Union Territory of Yanam wich is part of Union Territory of Pondicherry |
| Jaipur: Gr. Floor, Jeevan Nidihi-II Bhawani Singh Road, Jaipur 302005. Tel No. 0141 - 2740363 Email-bimalokpal.jaipur@gbic.co.in | State of Rajasthan |
| Kolkata: Hindustan Bldg. Annexe, 4, CR Avenue, 4th floor, Kolkata-700 072 Tel No.: 033-22124339 / 22124340 Fax 033-22124341. Email-bimalokpal.kolkata@gbic.co.in | States of West Bengal, Sikkim and Union Territories or Andaman & Nicobar Islands |
| Lucknow: Jeevan Bhavan, Phase II, 6th Floor, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel No, 0522 - 2231331, 2231330 Fax No. 0522 - 2231310. Email-bimalokpal.lucknow@gbic.co.in | Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirazpur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar |
| Mumbai: 3rd Floor, Jeevan Seva Annexe, Sabtacruz (West), Mumbai - 400 054. Tel No. 022-26106960, 26106552 Fax No. 022-26106052. Email-bimalokpal.mumbai@gbic.co.in | State of Goa, And Mumbai metropolitan Region excluding areas of Navi Mumbai & Thane |
| Noida: Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, G. B. Nagar Noida - 201301 Tel. No.: 0120 - 2514250/2514252/53 Email-bimalokpal.noida@gbic.co.in | State of Uttaranchal and the following Districts of State of Uttar Pradesh:- Agra Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Manipuri, Mathura, Meerut, Moradabad, muzaffarnagar, Auraiya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Buddha Nagar, Ghaziabad, Kasganj, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Shambhai, Amroha, Hathras, Kanshiram nagar, Saharapur |
| Patna: Kalpana Arcade Building, 1st Floor, Bazar samiti road, Bahadurpur, Patna 800 006. Tel No-0612-2680952 Email : bimalokpal.patana@gbic.co.in | States of Bihar and Jharkhand |
| Pune: 3rd Floor, Jeevan Daeshan Bldg N.C. Kelkar Road, Narayan Peth, pune - 411 030. Tel No. 020-323411320. Email-bimalokpal.pune@gbic.co.in | State of Maharashtra, Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region |

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, website of the Company www.icicilombard.com or from any of the offices of the Company

# DAY CARE TREATMENT

Coverage includes 150 day care surgeries:

**Operations on the eyes**

1. Incision of tear glands
2. Other operations on the tear ducts
3. Incision of diseased eyelids
4. Excision and destruction of diseased tissue of the eyelid
5. Operations on the canthus and epicanthus
6. Corrective surgery for entropion and ectropion
7. Corrective surgery for blepharoptosis
8. Removal of a foreign body from the conjunctiva
9. Removal of a foreign body from the cornea
10. Incision of the cornea
11. Operations for pterygium
12. Other operations on the cornea
13. Removal of a foreign body from the lens of the eye
14. Removal of a foreign body from the posterior chamber of the eye
15. Removal of a foreign body from the orbit and eyeball
16. Operation of cataract

**Operations on the nose & the nasal sinuses**

17. Excision and destruction of diseased tissue of the nose
18. Operations on the turbinates (nasal concha)
19. Other operations on the nose
20. Nasal sinus aspiration
21. Foreign body removal from nose

**Microsurgical operations on the middle ear**

22. Stapedotomy
23. Stapedectomy
24. Revision of a stapedectomy
25. Other operations on the auditory ossicles
26. Myringoplasty (Type -I Tympanoplasty)
27. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
28. Revision of a tympanoplasty
29. Other microsurgical operations on the middle ear

**Other operations on the middle & internal ear**

30. Myringotomy
31. Removal of a tympanic drain
32. Incision of the mastoid process and middle ear
33. Mastoidectomy
34. Reconstruction of the middle ear
35. Other excisions of the middle and inner ear
36. Fenestration of the inner ear
37. Revision of a fenestration of the inner ear
38. Incision (opening) and destruction (elimination) of the inner ear
39. Other operations on the middle and inner ear

**Operations on the tongue**

40. Incision, excision and destruction of diseased tissue of the tongue
41. Partial glossectomy
42. Glossectomy
43. Reconstruction of the tongue
44. Other operations on the tongue

**Other operations on the mouth & face**

45. External incision and drainage in the region of the mouth, jaw and face
46. Incision of the hard and soft palate
47. Excision and destruction of diseased hard and soft palate
48. Incision, excision and destruction in the mouth
49. Plastic surgery to the floor of the mouth
50. Palatoplasty
51. Other operations in the mouth

**Operations on the tonsils & adenoids**

52. Transoral incision and drainage of a pharyngeal abscess
53. Tonsillectomy without adenoidectomy
54. Tonsillectomy with adenoidectomy
55. Excision and destruction of a lingual tonsil
56. Other operations on the tonsils and adenoids

**Operations on the salivary glands & salivary ducts**

57. Incision and lancing of a salivary gland and a salivary duct
58. Excision of diseased tissue of a salivary gland and a salivary duct
59. Resection of a salivary gland
60. Reconstruction of a salivary gland and a salivary duct
61. Other operations on the salivary glands and salivary ducts

**Operations on the breast**

62. Incision of the breast
63. Operations on the nipple

**Operations on the skin & subcutaneous tissues**

64. Incision of a pilonidal sinus
65. Other incisions of the skin and subcutaneous tissues
66. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
67. Local excision of diseased tissue of the skin and subcutaneous tissues
68. Other excisions of the skin and subcutaneous tissues
69. Simple restoration of surface continuity of the skin and subcutaneous tissues
70. Free skin transplantation, donor site
71. Free skin transplantation, recipient site
72. Revision of skin plasty
73. Other restoration and reconstruction of the skin and subcutaneous tissues.
74. Chemosurgery to the skin.
75. Destruction of diseased tissue in the skin and subcutaneous tissues

**Operations on the digestive tract**

76. Incision and excision of tissue in the perianal region
77. Surgical treatment of anal fistulas
78. Surgical treatment of haemorrhoids

79. Division of the anal sphincter (sphincterotomy)
80. Other operations on the anus
81. Ultrasound guided aspirations
82. Sclerotherapy etc.

**Operations of bones and joints**

83. Surgery for ligament tear
84. Surgery for meniscus tear
85. Surgery for hemoarthrosis/ pyoarthrosis
86. Removal of fracture pins/ nails
87. Removal of metal wire
88. Closed reduction on fracture, luxation
89. Reduction of dislocation under GA
90. Epiphyseolysis with osteosynthesis
91. Trauma surgery and orthopaedics
92. Incision on bone, septic and aseptic
93. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis.
94. Suture and other operations on tendons and tendon sheath
95. Arthroscopic knee aspiration

**Operations on the female sexual organs**

96. Incision of the ovary
97. Insufflation of the fallopian tubes
98. Other operations on the Fallopian tube
99. Dilatation of the cervical canal
100. Conisation of the uterine cervix
101. Other operations on the uterine cervix
102. Incision of the uterus (hysterotomy)
103. Therapeutic curettage
104. Culdotomy
105. Incision of the vagina
106. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
107. Incision of the vulva
108. Operations on Bartholin's glands (cyst)

**Operations on the prostate & seminal vesicles**

109. Incision of the prostate
110. Transurethral excision and destruction of prostate tissue
111. Transurethral and percutaneous destruction of prostate tissue
112. Open surgical excision and destruction of prostate tissue
113. Radical prostatovesiculectomy
114. Other excision and destruction of prostate tissue
115. Operations on the seminal vesicles
116. Incision and excision of periprostatic tissue
117. Other operations on the prostate

**Operations on the scrotum & tunica vaginalis testis**

118. Incision of the scrotum and tunica vaginalis testis
119. Operation on a testicular hydrocele
120. Excision and destruction of diseased scrotal tissue
121. Plastic reconstruction of the scrotum and tunica vaginalis testis
122. Other operations on the scrotum and tunica vaginalis testis

**Operations on the testes**

123. Incision of the testes
124. Excision and destruction of diseased tissue of the testes
125. Unilateral orchidectomy
126. Bilateral orchidectomy
127. Orchidopexy
128. Abdominal exploration in cryptorchidism
129. Surgical repositioning of an abdominal testis
130. Reconstruction of the testis
131. Implantation, exchange and removal of a testicular prosthesis
132. Other operations on the testis

**Operations on the spermatic cord, epididymis und ductus deferens**

133. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
134. Excision in the area of the epididymis
135. Epididymectomy
136. Reconstruction of the spermatic cord
137. Reconstruction of the ductus deferens and epididymis
138. Other operation on the spermatic cord, epididymis and ductus deferens

**Operations on the penis**

139. Operations on the foreskin
140. Local excision and destruction of diseased tissue of the penis
141. Amputation of the penis
142. Plastic reconstruction of the penis
143. Other operations on the penis

**Operations on the urinary system**

144. Cystoscopical removal of stones

**Other Operations**

145. Lithotripsy
146. Coronary angiography
147. Haemodialysis
148. Radiotherapy for Cancer
149. Cancer Chemotherapy
150. Endoscopic polypectomy

ICICI Lombard
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