



**SHIELDING YOUR
FAMILY'S WELLBEING!**

INTRODUCTION

- A comprehensive health policy exclusively for ICICI Bank customers that focuses on their well being through preventive services.
- The policy works to prevent hospitalisation and in case of hospitalisation, it also takes care of the expenses. Thus, it gives an advantage over other policies that come into force only at hospitalisation.



HEALTH SHIELD 360 – BASIC FEATURES



PED covered after 30 days

Declared and accepted Pre-Existing Diseases will be covered after 30 days initial waiting period. Any non-declaration of PED will lead to rejection of claims and cancellation of policy.



Specific Diseases covered after 30 days.

List of 16 named specific diseases (as mentioned in slide no 11) will be covered after initial waiting period of 30 days



Age limit up to 60 years

Entry age limit up to 60 years



Hospitalisation Cover

All expenses pertaining to in-patient hospitalisation such as room rent, intensive care unit charges, surgeon's and doctor's fee, anesthesia, blood, oxygen, operation theatre charges etc. incurred during hospitalisation for a minimum period of 24 consecutive hours are covered under the basic hospitalisation cover.



Day Care Surgeries/ Treatments Coverage

All the medical expenses incurred while undergoing Day Care Procedures/ Treatment which require less than 24 hours hospitalisation are covered.



Pre and Post Hospitalisation Expenses

Medical expenses incurred, immediately, 60 days before and 90 days after hospitalisation will be covered.



In Patient AYUSH Treatment

Expenses for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) treatment only when it has been undergone in a AYUSH hospital or in AYUSH Day Care Center.



Unlimited Reset Benefit

We will reset up to 100% of the base Sum Insured unlimited times in a policy year in case the Sum Insured including accrued additional Sum Insured (if any) & Sum Insured Protector (if any) is insufficient as a result of previous claims in that policy year. The reset amount can only be used for all future claims within the same policy year, not related to the illness for which a claim has been paid in that policy year for the same person. Reset will not trigger for the first claim. Reset will not trigger for same person with same illness for which a claim has been paid in that policy year.



Additional Sum Insured (ASI)

An Additional Sum Insured of 10% of Annual Sum Insured provided on each renewal for every claim free year up to a maximum of 100%. 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.



Health Check-Up Cover

Health Check-Up will be covered at our empanelled service provider on a cashless basis as per the available medical test packages.



Home Health Care

In this benefit we will cover the medical expenses incurred by you on availing treatment at home as prescribed by a medical practitioner.



Claim Protector

In case the customer has opted for this cover, the IRDAI list of non-payable items shall become payable in case of a claim.



Additional Sum Insured (ASI) Protector

ASI accrued by the customer shall not be impacted if any one claim or multiple claims admissible in the previous year does not exceed the overall amount of ₹50,000.



Sum Insured Protector

In case the customer has opted for this cover, the SI will be increased at renewal on the basis of inflation rate of previous year.



360 Wellbeing program

360 Wellbeing program aims to empower individuals to manage their lifestyle and prevent complications arising from adverse health conditions. It intends to promote, incentivise and reward individuals for healthy behavior through various health and wellbeing activities.



Air Ambulance Cover

Air Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital up to Sum Insured on cumulative basis.



Domestic Road Emergency Ambulance Cover

The expenses incurred on road ambulance services which are offered by a healthcare or ambulance service provider to transfer an individual to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care is covered.



Donor Expenses

Medical Expenses incurred in respect of the donor for any organ transplant surgery, provided the organ donated is for the insured person's use.



Domiciliary Hospitalisation

Coverage for medical expenses in a situation where the Insured Person is in such a state that he/ she cannot be moved to a hospital or the treatment is taken at home, if there's a non-availability of room in the hospital.

BASIC COVERAGES

-  | Declared and accepted PED will be covered after 30 days of initial waiting period
-  | Waiting period for specific disease/ procedure is 30 days only
-  | Entry age limit up to 60 years
-  | Hospitalisation cover
-  | Day care surgeries/ treatment coverage
-  | Pre (60 days) & Post (90 days) hospitalisation expenses
-  | In patient AYUSH hospitalisation
-  | Unlimited Reset Benefit*
-  | Additional Sum Insured (ASI)
-  | Health Check-Up
-  | Home Healthcare
-  | Claim Protector
-  | Additional Sum Insured (ASI) protector
-  | Sum Insured Protector
-  | 360 Wellbeing program
-  | Air Ambulance Cover
-  | Domestic road emergency ambulance cover
-  | Donor expenses
-  | Domiciliary hospitalisation
-  | Initial waiting period of 30 days
-  | Wide range sum insured

*Reset will be available unlimited times in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) and Super No-Claim Bonus (if any), Sum insured protector (if any) is insufficient as a result of previous claims in that policy year. Reset will not trigger for the first claim. Reset will not trigger for same person with same illness for which a claim has been paid in that policy year.

BASIC COVERAGES

Sum Insured	₹10 Lakhs	₹15 Lakhs	₹20 Lakhs	₹25 Lakhs	₹50 Lakhs	₹75 Lakhs	₹100 Lakhs	₹200 Lakhs
In Patient Treatment					●			
Pre Hospitalisation				60 days				
Post Hospitalisation				90 days				
Daycare Procedures and Treatment					●			
PED waiting period				30 days of initial waiting period for declared and accepted PED's				
In Patient AYUSH hospitalisation					●			
Donor Expenses					●			
Unlimited Reset Benefit					●			
Domicillary Hospitalisation					●			
Air Ambulance Cover					●			
Additional Sum Insured (ASI)								
Domestic Road Ambulance					●			
Home Health Care					●			
Health Check-Up					●			
Tele Consultation					●			
Second opinion/ E-Opinion					●			
Health Assistance					●			
Wellness Program					●			
Claim Protector					●			
Sum Insured Protector					●			
ASI Protector					●			

PREMIUM INCLUDING GST

₹10 lacs								
Age band	1A	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹4,065	₹5,236	₹6,252	₹8,018	₹5,965	₹7,943	₹10,395	₹11,483
26-30	₹4,761	₹5,548	₹6,621	₹8,492	₹6,786	₹8,290	₹11,017	₹12,171
31-35	₹4,761	₹5,548	₹6,621	₹8,492	₹6,786	₹8,290	₹11,017	₹12,171
36-40	₹5,957	₹6,896	₹7,685	₹9,415	₹8,960	₹10,183	₹11,517	₹13,268
41-45	₹5,998	₹6,929	₹7,716	₹9,415	₹9,027	₹10,247	₹11,550	₹13,268
46-50	₹8,450	₹10,061	₹10,471	₹12,231	₹13,426	₹14,696	₹15,380	₹17,124
51-55	₹12,165	₹12,845	₹13,468	₹15,238	₹20,058	₹20,559	₹20,932	₹22,777
56-60	₹18,038	₹18,151	₹18,607	₹19,734	₹29,682	₹31,415	₹32,321	₹34,805

₹15 lacs								
Age band	1A	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹4,427	₹5,703	₹6,809	₹8,732	₹6,496	₹8,651	₹11,321	₹12,507
26-30	₹5,186	₹6,043	₹7,212	₹9,249	₹7,391	₹9,029	₹11,999	₹13,255
31-35	₹5,186	₹6,043	₹7,212	₹9,249	₹7,391	₹9,029	₹11,999	₹13,255
36-40	₹6,488	₹7,510	₹8,370	₹10,254	₹9,759	₹11,091	₹12,543	₹14,450
41-45	₹6,533	₹7,547	₹8,403	₹10,254	₹9,832	₹11,161	₹12,580	₹14,450
46-50	₹9,203	₹10,958	₹11,405	₹13,321	₹14,623	₹16,005	₹16,751	₹18,650
51-55	₹13,249	₹13,989	₹14,668	₹16,596	₹21,845	₹22,391	₹22,797	₹24,807
56-60	₹19,646	₹20,302	₹21,075	₹22,158	₹32,327	₹34,215	₹36,668	₹39,902

₹20 lacs								
Age band	1A	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹4,721	₹6,081	₹7,260	₹9,311	₹6,927	₹9,224	₹12,072	₹13,336
26-30	₹5,529	₹6,443	₹7,690	₹9,862	₹7,881	₹9,628	₹12,795	₹14,134
31-35	₹5,529	₹6,443	₹7,690	₹9,862	₹7,881	₹9,628	₹12,795	₹14,134
36-40	₹6,918	₹8,008	₹8,925	₹10,934	₹10,406	₹11,826	₹13,375	₹15,408
41-45	₹6,966	₹8,048	₹8,961	₹10,934	₹10,484	₹11,901	₹13,414	₹15,408
46-50	₹9,813	₹11,684	₹12,161	₹14,205	₹15,592	₹17,067	₹17,862	₹19,887
51-55	₹14,128	₹14,917	₹15,640	₹17,697	₹23,294	₹23,876	₹24,309	₹26,452
56-60	₹20,948	₹21,649	₹22,473	₹23,627	₹34,470	₹36,483	₹39,100	₹42,548

₹25 lacs								
Age band	1A	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹5,090	₹6,556	₹7,828	₹10,040	₹7,469	₹9,946	₹13,016	₹14,379
26-30	₹5,962	₹6,947	₹8,291	₹10,633	₹8,498	₹10,381	₹13,796	₹15,240
31-35	₹5,962	₹6,947	₹8,291	₹10,633	₹8,498	₹10,381	₹13,796	₹15,240
36-40	₹7,459	₹8,634	₹9,623	₹11,790	₹11,220	₹12,751	₹14,421	₹16,613
41-45	₹7,510	₹8,676	₹9,661	₹11,790	₹11,302	₹12,830	₹14,463	₹16,613
46-50	₹10,581	₹12,598	₹13,112	₹15,316	₹16,812	₹18,402	₹19,259	₹21,442
51-55	₹15,233	₹16,084	₹16,864	₹19,081	₹25,116	₹25,743	₹26,210	₹28,521
56-60	₹22,587	₹23,342	₹24,231	₹25,475	₹37,167	₹39,337	₹42,159	₹45,876

₹50 lacs								
Age band	1A	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹5,979	₹7,701	₹9,195	₹11,793	₹8,773	₹11,683	₹15,289	₹16,890
26-30	₹7,003	₹8,161	₹9,739	₹12,490	₹9,981	₹12,194	₹16,205	₹17,901
31-35	₹7,003	₹8,161	₹9,739	₹12,490	₹9,981	₹12,194	₹16,205	₹17,901
36-40	₹8,762	₹10,142	₹11,304	₹13,848	₹13,179	₹14,978	₹16,939	₹19,514
41-45	₹8,823	₹10,192	₹11,348	₹13,848	₹13,277	₹15,072	₹16,989	₹19,514
46-50	₹12,429	₹14,798	₹15,402	₹17,990	₹19,748	₹21,615	₹22,622	₹25,187
51-55	₹17,893	₹18,893	₹19,809	₹22,413	₹29,502	₹30,239	₹30,787	₹33,502
56-60	₹26,531	₹27,418	₹28,462	₹29,923	₹43,657	₹46,206	₹49,520	₹53,887

₹75 lacs							
Age band	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹8,848	₹10,565	₹13,549	₹10,080	₹13,423	₹17,567	₹19,406
26-30	₹9,376	₹11,190	₹14,350	₹11,468	₹14,010	₹18,619	₹20,567
31-35	₹9,376	₹11,190	₹14,350	₹11,468	₹14,010	₹18,619	₹20,567
36-40	₹11,653	₹12,987	₹15,911	₹15,142	₹17,209	₹19,462	₹22,421
41-45	₹11,709	₹13,038	₹15,911	₹15,253	₹17,315	₹19,519	₹22,421
46-50	₹17,003	₹17,696	₹20,670	₹22,689	₹24,835	₹25,992	₹28,938
51-55	₹21,707	₹22,759	₹25,752	₹33,896	₹34,743	₹35,373	₹38,492
56-60	₹31,502	₹32,701	₹34,381	₹50,159	₹53,089	₹56,896	₹61,913

₹100 lacs							
Age band	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹9,398	₹11,221	₹14,391	₹10,706	₹14,257	₹18,658	₹20,611
26-30	₹9,958	₹11,885	₹15,241	₹12,180	₹14,880	₹19,775	₹21,845
31-35	₹9,958	₹11,885	₹15,241	₹12,180	₹14,880	₹19,775	₹21,845
36-40	₹12,377	₹13,794	₹16,899	₹16,083	₹18,277	₹20,671	₹23,813
41-45	₹12,437	₹13,848	₹16,899	₹16,201	₹18,391	₹20,731	₹23,813
46-50	₹18,058	₹18,795	₹21,953	₹24,098	₹26,377	₹27,606	₹30,735
51-55	₹23,055	₹24,172	₹27,351	₹36,001	₹36,900	₹37,569	₹40,882
56-60	₹33,458	₹34,732	₹36,515	₹53,274	₹56,385	₹60,429	₹65,758

₹200 lacs							
Age band	1A1K	1A2K	1A3K	2A	2A1K	2A2K	2A3K
21-25	₹11,136	₹13,296	₹17,052	₹12,685	₹16,893	₹22,108	₹24,422
26-30	₹11,800	₹14,082	₹18,060	₹14,433	₹17,632	₹23,431	₹25,884
31-35	₹11,800	₹14,082	₹18,060	₹14,433	₹17,632	₹23,431	₹25,884
36-40	₹14,665	₹16,344	₹20,024	₹19,057	₹21,657	₹24,493	₹28,217
41-45	₹14,736	₹16,408	₹20,024	₹19,196	₹21,791	₹24,564	₹28,217
46-50	₹21,398	₹22,270	₹26,013	₹28,554	₹31,254	₹32,710	₹36,419
51-55	₹27,318	₹28,642	₹32,408	₹42,658	₹43,724	₹44,517	₹48,442
56-60	₹39,645	₹41,155	₹43,268	₹63,125	₹66,812	₹71,604	₹77,917

A - Adult, K - Kid

KEY POINTS TO NOTE



Wide Range of Sum Insured

The customer has the option to choose from a wide range of Sum Insured starting from ₹10 Lakhs to ₹200 Lakhs as per his/ her needs.



Eligibility

Adults from 21 to 60 years of age, Children from 91 days to 20 years of age; child will be covered under floater plan only.



Floater Benefit

Floater cover to get family (self, spouse, dependent parents, dependent children, dependent brothers and sisters) covered for the same Sum Insured under a single policy by paying one premium amount. Individuals above 3 months of age can be covered under the policy provided 1 adult is also covered under the same policy.



Pre-Existing Disease

All declared and accepted Pre-Existing conditions/ diseases will be covered after 30 days initial waiting period under the policy.



Cashless Hospitalisation

Avail cashless hospitalisation at any of our network providers/ hospitals. A list of these hospitals/ providers is available on our website www.icicilombard.com.



Tax Benefit

Avail tax deduction on the premium paid under health insurance policy as per applicable provisions of Section 80D of Income Tax Act, 1961 and amendments made thereto.



Pre-Policy Medical Check-Up

Tele underwriting above age 55 years and also incase of declared Pre-existing disease.



360 Wellbeing Program

Avail Value Added Services like Free Health Check-Up, Online chat with doctors, specialist e-consultation, Dietician and Nutrition e-consultation.



TERMS & CONDITIONS



| Eligibility

- **Exclusive offering to ICICI Bank customers who are Insured members**
- Adults from 21 to 60 years of age, Children from 91 days to 20 years of age; child will be covered under floater plan only



| Tenure

1 Year



| Family definition

Self, Spouse, Dependent parents, Dependent siblings and max. 3 dependent children upto 20 years. of Age



| Room rent restriction

NIL



| Pre-Policy Medicals

- Tele underwriting above age 55 years and also incase of declared pre-existing disease

WAITING PERIOD



| Initial waiting period

- 30 days for all diseases except hospitalisation due to accident
- 90 days waiting period for any expenses related to the treatment of Hypertension, Diabetes, cardiac unless declared as PED



| Specific exclusions

Standard list of diseases & procedures (Please refer list of specific diseases on page number 11) will be covered after 30 days



| Pre-existing disease(s) (PED)

- Declared & accepted PEDs will be covered after 30 days waiting period
- PED needs to be declared by insured for all insured members in policy
- Any non-declaration of PED will lead to rejection of claims and cancellation of policy

CONDITIONAL UNDERWRITING

- When an insured member declares an existing illness, a medical underwriting is done for such proposal. On the basis of the medical underwriting the proposal is either accepted with loading on premium or its rejected
- Customer is enrolled in the policy with loading on premium and also becomes part of Be-Healthy program of 360 Wellbeing Program

WHAT WE WILL NOT PAY

(This is an indicative list of exclusions. For complete details please refer the policy wordings)

















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

Specified disease/ procedure waiting period:

- a) Standard list of diseases & procedures (Please refer list of specific diseases) will be covered after 30 days
- b) Any expenses related to the treatment of Hypertension, Diabetes, cardiac conditions within 90 days from the first policy start date
 - In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase

STANDARD LIST OF DISEASES & PROCEDURES WILL BE COVERED AFTER 30 DAYS

LIST OF SPECIFIC DISEASES/ PROCEDURE

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



MAJOR PERMANENT EXCLUSIONS

(This is an indicative list of exclusions. For complete details please refer the policy wordings)

- Medical expenses incurred during the first 30 days of inception of the policy, except those arising out of accidents. This exclusion doesn't apply for subsequent renewals without a break
- Expenses attributable to self-inflicted injury (resulting from suicide, attempted suicide)
- Expenses arising out of or attributable to alcohol or drug use/ misuse/ abuse
- Cost of spectacles/ contact lenses, dental treatment
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy



CONVENIENCE

-  Contact - (Relationship Manager)
-  Visit - ICICI Bank Branch

IL TAKE CARE

A one stop solution for your insurance and wellness needs. Download the IL TakeCare app to avail the following services and much more as per your policy, all at the ease of your fingertips.

- Convenient & Easy-To-Use app
- Wide range of Emergency & Convenient Medical solutions at your fingertips 24x7
- Quick Claims settlement process
- Wellness Programs to help keep you fit



Download the App now



<https://apple.co/2nNyPya>



<https://bit.ly/2n5vkmt>

CLAIM PROCESS

HOW TO INTIMATE A CLAIM?

Reach us at:



18002666

Monday to Saturday between 8:00 am to 8:00 pm



customersupport@icicilombard.com



IL TakeCare app



CASHLESS CLAIMS

- Get admitted in any one of our network hospitals
- Reach out to insurance desk in hospital and submit the pre-authorization claim form along with relevant documents
- Hospital insurance desk shares the pre-authorization documents with IL Health Care
- ICICI Lombard Health Care reviews your claim requested and accordingly will approve, query, or reject the same (as per policy terms and conditions)



REIMBURSEMENT CLAIMS

If hospitalisation occurs in a non-network hospital:

- Upon discharge, pay all hospital bills and collect all original documents of treatments and expenses underdone
- Send the duly filled (and signed by insured and treating doctor) claim form and required claim documents
- ICICI Lombard Health Care will review your requested claim and will accordingly approve, query, or reject the same (as per policy terms and conditions)
- ICICI Lombard Health Care Settles the claim (as per policy terms and conditions) and reimburses the approved amount

Below are the places from where you can download the claim form.



IL TakeCare App



ICICI Lombard Website



ICICI Lombard customer support helpline – 18002666

360 WELLBEING PROGRAM

Based on your declaration of pre-existing disease and/or results of pre-policy medical check-up (PPMC), You will be categorized in the Green & Amber Category & will earn points accordingly as mentioned below:

- In case of deterioration of health condition, you may be moved from green to amber OR amber to red category.
- Once you have been part of amber/red category, you will have to be part of the respective category for a consecutive period of 2 years. Post the successful completion of 2 years in the 360 wellbeing program, your health condition will be reviewed by the health coach. On the basis of the health condition at the time of review, it will be decided whether you need to continue in the respective amber/ red category or move to green category.

HOW TO EARN WELLNESS POINTS?

The earning and redemption of 360 Wellbeing points will occur through IL TakeCare App.

- Each wellness point is equivalent to 0.20 INR.

BE-HEALTHY POINTS

Be-Healthy points structure as per category.

BLOOD TEST	READING	FREQUENCY	POINTS EARNED/ACTIVITY	TOTAL POINTS
HbA1c	up to 5.99	Twice a year	750	Maximum 1500
	6.00-6.50		300	
	6.51-7.00		100	
Blood pressure	110-120/70-80	Twice a year	750	Maximum 1500
	121-130/80-85		300	
	131-140/86-90		100	
Body mass index	18.00 - 25.00	Twice a year	750	Maximum 1500
	25.01 – 32.00		300	
	32.01 - 40		100	
Total cholesterol	up to 150 mg/dl	Twice a year	750	Maximum 1500
	151mg/dl-200mg/dl		300	
	201mg/dl-250mg/dl		100	
Diagnostic test undergone	Preventive check up	Once a year	300	300
	Self-paid advance check up		700	700
Total				7000

STAY HEALTHY POINTS

PARAMETER	CATEGORY	DURATION	FREQUENCY	POINTS EARNED/ACTIVITY	TOTAL POINT
Advisory on health records	Engagement	Twice a year	2	400	800
Tele-consultation	Engagement	4 times a year	4	150	600
Activity Tracking	Activity	Monthly	12	100	1200
Fitness challenge	Engagement	Twice a year	2	300	600
Sleep tracking	Activity	Monthly	12	100	1200
Health events	Engagement	Once in 2 months	6	100	600
Advisory on health records	Engagement				1000
Total					6000

Redemption of 360 wellness points (Stay-Healthy+ Be-Healthy) Points:

- The 360 Wellbeing points accrued by You can be redeemed against premium discount at renewal, payment against non-payable items, OPD expenses, for payment of membership fees in Fitness centers & health supplements as available on ICICI Lombard platform as per the policy wordings.

			FRESH	1 st Renewal	2 nd Renewal	3 rd Renewal	4 th Renewal
	Particulars		1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
Be-Healthy points illustration							
A	Maximum points earned under Be-Healthy		7000	7000	7000	7000	7000
B	Maximum points that can be redeemed		5500	5500	6000	6500	7000
C	Balance point that can be carried forward	A-B	1500	1500	1000	500	0
D	Total Cumulative Balance Points		1500	3000 Balance Points Of 2nd year (C2) + Carry forward Points of 1st year (D1)	4000 Balance Points of 3rd year (C3) + Carry forward points of 2nd year (D2)	4500 Balance Points of 4th year (C4) + Carry forward points of 3rd year (D3)	3000 Carry forward points of 4th year (D4) – Balance points of 1st year(C1)
E	Value of one 360 wellbeing point (In ₹)		0.2	0.21	0.22	0.23	0.25
F	Value (In ₹) for point that can be availed for benefit as per terms		1100	1155	1320	1495	1750
G	Cumulative (₹) carry forward points	D*E	300	630	880	1035	750

			FRESH	1 st Renewal	2 nd Renewal	3 rd Renewal	4 th Renewal
Stay-fit points illustration							
H	Maximum points earned under Stay-Healthy		6000	6000	6000	6000	6000
I	Maximum points that can be redeemed the same year		5000	5000	5500	5500	6000
J	Balance point that can be carried forward	I-J	1000	1000	500	500	0
K	Total Cumulative Balance Points		1000	2000 <small>Balance Points Of 2nd year (J2) + Carry forward Points of 1st year (K1)</small>	2500 <small>Balance Points Of 3rd year (J3) + Carry forward Points of 2nd year (K2)</small>	3000 <small>Balance Points Of 4th year (J4) + Carry forward Points of 3rd year (K3)</small>	2000 <small>Carry forward points of 4th year (K4) - Balance points of 1st year (J1)</small>
L	Value of one 360 wellbeing point (In ₹)		0.2	0.21	0.22	0.23	0.25
M	Value (In ₹) for point that can be availed towards redemption as per terms	I*L	1000	1050	1210	1265	1500
N	Cumulative (₹) carry forward points	K*L	200	420	550	690	500

*As the balance wellbeing points can be carried forward maximum up to 3 years, after three years they will become zero.

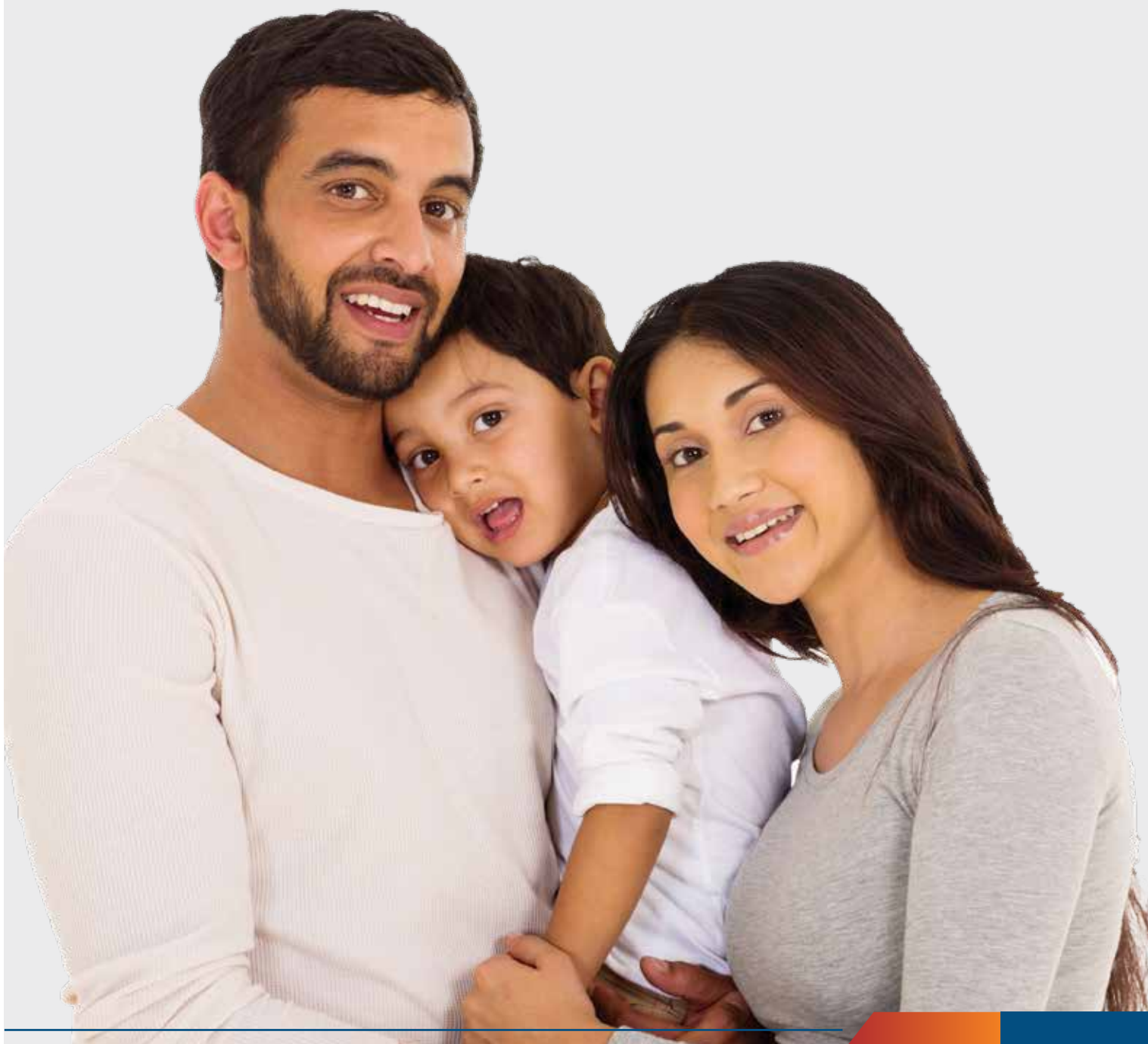
Terms and conditions for 360 wellbeing program:

- For health risk assessment [HRA] services availed through mobile application/ online/ digital mode on IL Platform, you will be required to provide the details in order to establish authenticity and validity prior to availing such services. Any such information provided by the you in this regard shall be used solely for the purpose of providing these wellbeing services and kept confidential with Us/ Our Network Providers/ Health Service Providers at all times
- You shall notify us and submit the relevant documents, reports, receipts as and when required by us within 60 days of undertaking any wellbeing activity
- You agree that choosing to utilize any of the wellbeing services or any information or advise rendered by Our Health Service Providers or Network Providers or Us will be solely at your own discretion and own risk and should not be, used to diagnose or identify treatment for a medical or mental health condition
- The 360 Wellbeing Points earned by you through the 360 Wellbeing Program can be carried forward for a maximum of 3 years and shall have to be redeemed at the end of the 3rd Policy Year. In case, you does not wish to redeem the wellbeing points earned, the same will be forfeited
- There shall not be any cash reimbursement or redemption available against the wellbeing points accumulated by an Insured Person
- In case of expiry of policy, the wellness points may be carried forward for a period not exceeding three months
- The points accrued shall be at periodic intervals at rates/amounts declared upfront at the commencement of the policy and shall not be linked to any dynamic factor such as interest rate

- All the communication related to the 360-wellbeing program point accrued, its redemption and associated reminders will be through the IL take care application
- We or Our Health Service Providers or Our Network Providers do not warrant the validity, accuracy, completeness, safety, quality, or applicability of the content or anything said or written, or any suggestions provided while providing the wellbeing services
- We, our group entities, or affiliates, their

respective directors, officers, employees, agents, vendors, shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which you may claim to have suffered, sustained or incurred, as a result of any advice or information obtained by way of the wellbeing program or any actions chosen by you on the basis of such advice or information

- The 360-wellbeing program offered is subject to revisions based on the insurance regulatory framework from time to time



HEALTH INSURANCE FAQ

1. Why do I need Health Insurance?

Healthcare is expensive. Technological advances, new procedures and more effective medicines have driven up the cost of healthcare. This increase has to be borne by the consumer, making treatment unaffordable for too many. Health Insurance overcomes these obstacles so that you remain free of anxiety regarding your health. Think for a moment about the enormous medical costs you would incur if you suffered a major accident tomorrow or were suddenly stricken by an illness. Uninsured people live with such risks every day. Health insurance seeks to shield you from that risk. It provides the much needed financial relief. You also get tax benefit under section 80D of the Income Tax Act and amendments made thereto.

2. How will health insurance pay for my emergency medical expenses?

Your health insurance will either pay your hospital bills directly if opted for the cashless facility or it will reimburse any payment made by you towards medical expenses incurred due to an illness or injury as per the policy terms.

3. What do you mean by Family Floater Policy?

Family Floater is one single policy that takes care of the hospitalisation expenses of your entire family. The policy has one single sum insured, which can be utilized by any/ all insured persons in any proportion or amount subject to maximum of overall limit of the policy sum insured, as per policy terms and conditions.

4. Will my health insurance cover begin from day one?

When you get a new policy, there will be a 30 days waiting period starting from the policy inception date, during which period any hospitalisation charges will not be payable by the insurance companies. However, this is not applicable to any emergency hospitalisation occurring due to an accident. This waiting period will not be applicable for subsequent policies under renewal. Furthermore, in the case of a declared & accepted pre-existing disease or specific diseases, you will have a 30 day waiting period for these diseases/ conditions.

5. What is pre-existing condition in health insurance policy?

It is a medical condition/ disease that existed before you obtained health insurance policy

6. If my policy is not renewed in time before expiry date, will it be denied for renewal?

The policy will be renewable provided you pay the premium within 30 days (called as Grace Period) of expiry date. However, coverage would not be available for the period for which no premium is received by Us. The policy will lapse if the premium is not paid within the grace period.

7. What happens to the policy coverage after a claim is filed?

After a claim is filed and settled, the Policy Sum Insured is reduced by the amount that has been paid out on settlement.

For Example: In January you start a policy with a coverage of ₹10 Lakh for the year. In April, you make a claim of ₹2 Lakh. The coverage available to you for the May to December will be the balance of ₹8 Lakh.

8. What is Unlimited Reset Benefit?

It is a benefit that allows an insured to reinstate the entire sum insured in the policy year when it is insufficient as a result of previous claims in that policy year. In case the entire cover is exhausted, it gets replenished automatically for the next hospitalisation that occurs within the policy year. Reset will not trigger on first claim and cannot be used by same person for same illness for which the claim has already been paid in the policy.

9. What is covered under Domiciliary Hospitalisation?

Domiciliary Hospitalisation offers coverage for medical expenses in a situation where the Insured Person is in such a state that he/she cannot be moved to a hospital or the treatment is taken at home if there's a non-availability of room in the hospital.

10. What is the maximum Sum Insured ?

Multiple Sum Insured options are available upto a maximum of ₹100 lakhs,

11. Can I increase my Sum Insured at the time of renewal?

Yes, you can increase the Sum Insured at the time of renewal. However, fresh waiting period would apply for the enhanced Sum Insured.







*The Medical Practitioner may suggest/recommend/prescribe over the counter medications based on the information provided, if required on a case to case basis. However, the services under this Benefit should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional. †This is not intended to be a substitute for professional medical advice or diagnosis. Always seek the advice of your physician or other qualified health provider for any concern you may have regarding a medical condition. Prohibition of Rebates – Section 41 of the Insurance Act, 1938 1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. 2) If any person shall fail to comply with sub regulation (1) above, he shall be liable to payment of fine which may extend to rupees ten lakhs. Only for customer of ICICI Bank who wish to enroll in Health Shield 360 underwritten by ICICI Lombard GIC Ltd. For the detailed terms and conditions please contact Master Policyholder(s). ICICI Bank Limited ("ICICI Bank") with registered Office at ICICI Bank Tower, Near Chakli Circle, Old Padra Road, Vadodara, 390 007, Gujarat (CIN - L65190GJ1994PLC021012). ICICI Bank is a Corporate Agent (Composite, IRDAI Regn. No.: CA0112 valid till 31.03.2025) of ICICI Lombard General Insurance Company Limited ("ICICI Lombard"). Insurance is underwritten by ICICI Lombard. ICICI Bank customer participation in the policy is entirely voluntary. The advertisement contains only an indication of cover offered. For more details on risk factors, terms, conditions and exclusions, please read the sales brochure / policy wordings carefully before concluding a sale. ICICI trade logo displayed above belongs to ICICI Bank and is used by ICICI Lombard GIC Ltd. under license and Lombard logo belongs to ICICI Lombard GIC Ltd. ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 Toll Free: 1800 2666 Fax No: 022 61961323 IRDA Reg. No. 115 CIN: L67200MH2000PLC129408 Customer Support Email Id: customersupport@icicilombard.com Website Address: www.icicilombard.com Product Name: Health Shield 360 UIN: ICIHLP22083V022122 ADV/19176