

# Healthcare Plus Policy

Healthcare Plus gives you a  
comprehensive protection



Now your insurance cover just got bigger with Healthcare Plus Policy. A health insurance cover that takes care of excess payment that may arise due to the amount paid for illness over and above existing cover.

What's more, even if you don't have a cover you can still opt for this policy and get covered for the sum insured post deductible.



## Features of the policy

- Individual cover for each member of the family

**Example:** Mr. Badhwar, his wife and their son were covered under a health insurance policy with a Sum Insured of ₹ 2 Lakh. He opts for Healthcare Plus Policy for his son. This policy has Sum Insured of ₹ 5 Lakh with Deductible of ₹ 2 Lakh.

In case of hospitalisation where the bill of his son amounted to ₹ 6 Lakh. The health policy covers ₹ 2 Lakh while the rest of the amount got claimed under Healthcare Plus Policy.

- Single premium across different age groups
- Flexible Sum Insured and Deductibles

	Plan Sum Insured	Deductibles
Plan 1	₹ 5 Lakh	₹ 2 Lakh
Plan 3	₹ 8 Lakh	₹ 3 Lakh
Plan 5	₹ 10 Lakh	₹ 4 Lakh

**Tenure:** Healthcare Plus Policy is available in one year or two years option.

## The benefits of the policy

The above mentioned features comes with following benefits:

- No Sub - Limits
  - On room rent
  - Hospitalisation expenses
  - Diagnostic tests / Doctor's fee
- Declared and accepted pre - existing diseases can be covered after four continuous year of coverage with the company
- No co - payment
- Income tax benefit<sup>#</sup> under section 80D<sup>#</sup>
- Policy becomes effective when the claim amount in single incidence / hospitalisation is beyond the deductible

Tax benefits<sup>#</sup> are subject to changes in tax laws. Tax benefit is available for premium paid for self / spouse / dependent children and dependent parents.

<sup>#</sup>Deduction under section 80D is as per applicable provisions of the Income Tax Act, 1961 and amendments made thereto.

## Eligibility

- Enrollment age for the members proposed for this insurance is from 5 years to 65 years
- Proposer needs to be aged 18 years or above
- Individual(s) proposed for insurance whose age is 56 years and above have to undergo medical tests at ICICI Lombard designated diagnostic center

## What is Deductible?

This Healthcare Plus Policy has two main components; the Sum Insured and Deductible.

Sum Insured is the part that defines the maximum amount that can be claimed under this policy.

Deductible is the amount after which any claim becomes admissible under this policy.

**Example 1:** Mr. Sharma has opted for a Healthcare Plus Policy with deductible amount of ₹ 2 Lakhs and the sum insured of ₹ 5 Lakh.

- His claim would be payable in a scenario if a single claim amount is > (more than) ₹ 2 Lakh
- If he has multiple claims in the policy period, which amounts to ₹ 4 Lakh altogether and none of the claims is more than ₹ 2 Lakh, in such a scenario this policy will not be effective and no claim would be payable

## How to claim my insurance?

The claims for Healthcare Plus Policy are serviced by ICICI Lombard Health Care, our very own claims processing portal. It has always been our endeavour to provide the best of the policy and services to our valued customers, ICICI Lombard Health Care is our initiative towards this commitment.

In case of emergency or planned hospitalisation, just use your health ID card at ICICI Lombard Health Care network hospitals and avail cashless services.

Call 24 hours toll free number 1800 2666 for complete assistance.

For treatment in non - cashless hospitals, the claim form should be filled fully after discharge from hospital and sent to ICICI Lombard Health Care office along with following documents in original\*

Standard list of documents required:

- Claim form duly filled and signed by the insured and doctor
- Original discharge card / summary and final bill
- All investigation reports in originals
- All medicines / lab / hospital bills in original
- Any other required document depending upon the case
- All payments receipts in original and should be stamped

**Disclaimer:** Cashless approval is subject to pre - authorization by the company.

\*Only expenses relating to hospitalisation will be reimbursed as per the policy coverage. Non - medical expenses will not be reimbursed.

## Main Exclusions

- Declared and accepted Pre Existing Diseases will be covered after 48 months of continuous coverage
- Expenses related to treatment Hypertension, diabetes and cardiac conditions within 90 days from first policy commencement will be excluded
- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- All dental treatment unless caused due to Accident.
- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
- Vaccination and inoculation of any kind.
- Treatment received outside the Geographical Scope of Cover mentioned in the Part I of the Policy
- Domiciliary Hospitalisation

For detail list of exclusion please refer the policy wordings

## Exclusions first two years

- There are certain ailments which will be excluded from treatment for the first two years from the inception date of policy.
- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Endometriosis, Hysterectomy unless because of malignancy
- All types of Hernia, Hydrocele
- Fissures and / 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 Curettages
- All types of skin and internal Tumours / 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 ulcers
- Deviated nasal septum

## Renewal of Policy

- The policy shall ordinarily be renewable except on misrepresentation by the insured person,
- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- Grace period: At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- Sum Insured enhancement - Sum Insured can be enhanced only upon renewal, subject to underwriter's approval.
- Inclusion / Exclusion of insured - This policy allows to include or exclude a member in the plan only at the time of renewal.

## Rates for Individual

Plan	Tenure		
	1	2	3
<b>Plan 1:</b> Deductible of ₹ 2 Lakh, Sum Insured of ₹ 5 Lakh	4,000	7,600	10,800
<b>Plan 3:</b> Deductible of ₹ 3 Lakh, Sum Insured of ₹ 8 Lakh	2,750	5,225	7,425
<b>Plan 5:</b> Deductible of ₹ 4 Lakh, Sum Insured of ₹ 10 Lakh	2,000	3,800	5,400

\*Rates Without GST

Plan	Tenure		
	1	2	3
<b>Plan 1:</b> Deductible of ₹ 2 Lakh, Sum Insured of ₹ 5 Lakh	4,720	8,968	12,744
<b>Plan 3:</b> Deductible of ₹ 3 Lakh, Sum Insured of ₹ 8 Lakh	3,245	6,166	8,762
<b>Plan 5:</b> Deductible of ₹ 4 Lakh, Sum Insured of ₹ 10 Lakh	2,360	4,484	6,372

\*Rates With GST





Prohibition of Rebates - Sec 41 of the Insurance Act, 1938 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. If any person shall fail to comply with sub regulation above, he shall be liable to payment of fine which may extend to rupees ten lakhs.

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