

Key Feature Document

ICICI Lombard General Insurance: Health Shield 360 Base and Super Top up

UIN: ICIHLGP22083V022122

- This Key Features Document has been prepared to assist you in understanding this Insurance product. It should be read in concurrence with the Policy documents that is received by you after the policy is issued.
- **The IRDAI licensed sales staff of The Hong Kong and Shanghai Banking Corporation Limited, India must go through this document with you once you have decided to purchase this insurance product from ICICI Lombard General Insurance Company Limited.**
- **We recommend that you keep this Key Features Document and sales illustrations for future reference.**

What is Health Shield 360 Policy?

This is a health insurance Policy that provides cover for hospitalization expenses incurred in India & Worldwide for treatment of Illness, disease or injury. The Policy covers In-patient treatment, Pre & Post hospitalization expenses, Day Care Treatment, Domiciliary Hospitalization, Organ Donor, Ayush Treatment, Convalescence Benefit, ambulance charges, Out-patient emergency medical expenses, domestic air ambulance, Maternity and New born baby cover and restoration benefit.

It also has optional covers like Dependent accommodation, compassionate visit, Sum Insured Protector, nursing at home etc*

Key things you should know:

- ✓ Benefits of this policy are applicable only if the insured/ insured members are treated in India and Worldwide as per the plan opted.
- ✓ Dependent accommodation, compassionate visit, Sum Insured Protector & Nursing at home will be covered under this policy only if specifically opted at the time of policy purchase.
- ✓ Pre-existing illnesses and injuries are covered after a period of 2 years from the inception of the policy.
- ✓ Pre-existing illnesses and injuries if not disclosed at the time of buying the policy will not be covered even after the waiting period.
- ✓ There is a 15 day free look period under the policy which means that the policy can be returned within 15 days of the receipt of the policy document. However, refund on cancellation of policy will be made only if no claim has occurred up to the date of cancellation of this Policy.
- ✓ This policy will be issued for a period of 12 months and is subsequently renewable, if the renewal is consented by the policy holder.
- ✓ Family floater option is available under all the plans of this policy which includes Self, Spouse and 2 dependent children (over 91 days old and up to 20 years of age).

- ✓ This policy also provides for cashless servicing across India. Kindly refer to ICICI Lombard general insurance website - www.icicilombard.com, for the list of empaneled hospitals for cashless servicing.
- ✓ Purchase of the insurance product is purely voluntary and is not linked to avilment of any other facility from the bank.
- ✓ Kindly refer to the following sections in this document for a better understanding:
 - a. "What are the plan benefits" section to understand details
 - b. "Key Exclusions" section of understanding what is not covered by this policy
 - c. What are the "cancellation terms" under the Policy

Who can be covered under this Policy?

- This policy can cover a maximum of four family members comprising you, your spouse and two dependent children (over 91 days old and up to 20 years of age)
- Children between age of 91 days and 20 years can be covered in this policy if at least one parent is covered in this policy

Foreign Nationals

- Those currently working or settled in India are eligible for the cover e.g. NRI/PIO who has returned back to India and gainfully employed, or Foreign national who has taken up Indian assignment, etc.
- Those working in India for a continuous period of 6 months or have valid Visa for a period corresponding to requested policy period may be allowed.
- Policy should be self-proposed

What is Covered under this policy?

A. Basic cover up to the Sum Insured limit applicable to all plans

The Policy provides for –

In-patient treatment:

In-patient treatment covers hospitalization expenses which are reasonable and customary incurred for treatment of Disease, Illness contracted or Injury sustained. This includes Hospital room rent (with no capping) or boarding expenses, nursing, Intensive Care Unit charges Operation Theatre charges, Medical Practitioner’s charges, fees of Surgeon, Anesthetist, Qualified Nurse, Specialists, the cost of diagnostic tests, medicines, drugs, blood, oxygen, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure. A minimum period of 24 consecutive hours’ hospitalization as in-patient is must.

Pre Hospitalisation Expenses

Covers relevant medical expenses incurred up to 90 days before hospitalization or day care treatment for treatment of Disease, Illness contracted or Injury sustained.

Post Hospitalisation Expenses

Covers relevant medical expenses incurred up to 180 days after discharge from Hospital / Day Care treatment for continuous and follow up treatment of the Disease, Illness contracted or Injury sustained for which the Insured/ Insured Person was hospitalized.

Day Care Treatment

Medical treatment, and/or surgical procedure which is undertaken in a Hospital/ Day Care center in less than 24 hours because of technological advancement, which would have otherwise required a hospitalization of more than 24 hours.

Domiciliary Hospitalisation

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:

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

Treatment of less than 3 days is not covered. (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable if treatment period is greater than 3 days).

Organ Donor

The Policy covers you up to the annual sum insured for the Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for your use and the organ donor is an eligible donor in accordance with "The transplantation of Human Organ Act". will be applicable only within the geographical boundaries of India.

Ayush Treatment

Medical expenses for in-patient treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems in a government Hospital or in any institute recognized by competent government authority.

Ayush Treatment is also covered provided the treatment has been undergone in

- i. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
- ii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
 - a. has at least fifteen in-patient beds;
 - b. has qualified AYUSH medical practitioner in charge round the clock;
 - c. has dedicated AYUSH therapy sections;
 - d. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

Unlimited Reset Benefit

Reset will be available unlimited times in a policy year in case the annual 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. Will be applicable only within the geographical boundaries of India.

This benefit will not be applicable for the same illness/disease/injury for which the claim has already been paid in the policy tenure for the same person.

Convalescence Benefit

If You are Hospitalized for a minimum period of 10 consecutive days, due to any Injury or Illness as covered under the Policy, we will pay You the amount as specified

For Sum Insured (SI) Rs.5L/ 10L = Rs. 10,000

For Sum Insured (SI) Rs.25L/ 50L/ 100L = Rs. 20,000

Outpatient treatment

Covers Out Patient medical expenses for doctor consultation, Prescribed Pharmacy and diagnostics up to the limit as specified below.

Maximum limit of Rs 2,500 for SI 5L

Maximum limit of Rs 5,000 for SI 10L

Maximum limit of Rs 10,000 for SI 25L/ 50L/ 100 L

Additional Sum Insured Cumulative Bonus

At the time of renewal of this Policy, we will provide an additional sum insured (hereinafter referred to as "Additional Sum Insured") of 10% of annual sum insured of immediately preceding policy year subject to a maximum of 100% provided that there is no Claim under this Policy during the Policy Year except as an Out-patient (If opted). This cover will be applicable only within the geographical boundaries of India.

ASI Protector

Additional sum insured(ASI) accrued by you will not be impacted or reduced at renewal if any one claim or multiple claims admissible in the previous policy year under the policy does not exceed the overall amount of Rs.50,000. This cover will be applicable only within the geographical boundaries of India.

Maternity Cover

Medical Expenses incurred for delivery of child, where You and Your spouse, both are covered under the same family floater Policy and have served the waiting period of 1 year up to the limit as specified below. This cover will be applicable only within the geographical boundaries of India.

SI 5L/10L/25L= Maternity limit Rs 50,000 for both normal and C section, maximum upto 2 events

SI 50L/100L= Maternity limit Rs 100,000 for both normal and C section, maximum upto 2 events

New Born Baby Cover

Medical Expenses upto Rs.1,00,000 incurred towards the treatment of a New Born Baby, up to 90 days from date of birth, if a Maternity Benefit claim has been accepted up to the limit as specified below. This cover will be applicable only within the geographical boundaries of India.

Home Health Care

The Policy provides for the medical expenses incurred by you on availing treatment at home. This cover will be applicable only within the geographical boundaries of India.

Domestic Road Emergency Ambulance Cover

Covers road ambulance expenses, incurred to transfer the Insured following an emergency to the nearest hospital per event of emergency hospitalisation, provided we have accepted the in-patient claim

For SI Rs.5L/ 10L = up to a maximum limit of Rs. 3,000

For SI Rs.25L/ 50L = up to a maximum limit of Rs. 5,000

B. Other Benefits available on the basis the selected plan**Sum Insured Protector**

The SI will be increased on cumulative basis at each renewal on the basis of Inflation rate in previous year. This cover will be applicable only within the geographical boundaries of India.

Domestic Road Emergency Ambulance Cover(Worldwide including India)

Covers road ambulance expenses, incurred to transfer the Insured following an emergency to the nearest hospital per event of emergency hospitalisation, provided we have accepted the in-patient claim up to a maximum limit of Rs. 35,000 for overseas claims & Rs.10,000 for Domestic claims

Air Ambulance (basis Domestic and Worldwide plan)

Air Ambulance is covered upto SI on cumulative basis, if used to transfer insured to nearest hospital in case of emergency. Not Applicable if transfer is from one hospital to another

Nursing at Home

The Policy provides for the expenses incurred by You; Rs.1,000 for each day up to a maximum of 15 days post Hospitalization for the medical services of a Qualified Nurse at Your residence, provided that the nurse is employed in a Hospital/Service provider and the engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner and relates directly to any Illness or Injury, covered under the Policy. This cover will be applicable only within the geographical boundaries of India.

Dependent accommodation

The Policy provides an amount of Rs.1000 per day maximum upto 10 days for the accommodation of the dependent in the hospital provided minimum hospitalisation of 3 days.

Compassionate Visit

The Policy provides for reimbursement of the cost of the economy class air ticket incurred by Your Immediate family from and to the place of origin of such immediate family or the place of residence of the immediate family up to Rs.20,000. This cover will be applicable only within the geographical boundaries of India.

Super No claim Bonus

At the time of renewal of this Policy, the policy will provide Super NCB of 50% of annual sum insured of immediately preceding policy year subject to a maximum of 100% provided that there is no Claim under this Policy during the Policy Year except as an Out-patient (If opted). This cover will be applicable only within the geographical boundaries of India.

Worldwide cover Including India (Hospitalisation)

Up-to Sum Insured. Worldwide cover benefit is available for 45 consecutive days from the date of travel in a single trip and 90 days in a cumulative basis as a whole in a Policy year. The expenses covered under this benefit shall be limited to Inpatient hospitalization expenses, day care treatment/ procedure expenses only.

A co-pay of 10% will be applied to every admissible claim over and above to any other co-pay levied, if the treatment is taken outside India.

Claim Protector

The items which are not payable under the claim as per the list of excluded items released by IRDAI that is related to the particular claim will become payable. This cover will be applicable only within the geographical boundaries of India.

What are the additional features in the Policy?**Income Tax benefit**

Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income tax Act as amended from time to time.

Terms and Conditions;

Pre Policy Medicals: Tele Underwriting above age 55 years and also in case of declared Pre-existing diseases(PED). Compulsory Medicals for SI 25L and above irrespective of the age.

Initial waiting Period: 30 days for all diseases except hospitalization due to accident.

Pre-Existing Diseases : Pre-Existing Diseases that have been declared at the time of proposal and accepted by us will be covered after 2 year waiting period

90 Days Waiting Period: Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting:

- i. Hypertension
- ii. Diabetes,
- iii. Cardiac Conditions

2 years Waiting Period

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
All types of internal congenital anomalies/illness/defects

Health Check up

The Company will cover the cost of a health checkup as per plan eligibility as defined in the Schedule of Benefits provided that insured / insured person has applied for the same. Only that Insured / Insured Person who has attained minimum age of 18 years at the time of Renewal shall be eligible for a health check-up. The Company will only cover health checkups arranged by the Company through their empaneled service providers. Insured / Insured Person further understand and agree that this benefit is only available at Renewal for Policies that are renewed without any break.

What are the Plan/SI options available?

Sum Insured that can be opted 21 to 70 years of age on Individual and/or Floater basis are as follows

Health shield 360 :

1. **Plan A** : 5 Lakhs, 10 Lakhs, 25 Lakhs, 50 Lakhs
2. **Plan B** : 5 Lakhs, 10 Lakhs, 25 Lakhs, 50 Lakhs
3. **Plan C** : 5 Lakhs, 10 Lakhs, 25 Lakhs, 50 Lakhs
4. **Plan D** : 50 Lakhs & 100 Lakhs

Health Shield 360 Top Up plan:

1. Plan A Deductible : 3L, 5L,7L,10L
2. Plan B Deductible : 3L, 5L,7L,10L
3. Plan C Deductible : 3L, 5L,7L,10L

The coverage under this Policy is available for different family combinations:

- Self
- Self + Spouse
- Self + Spouse + 1 Child
- Self + Spouse + 2 Child
- Self + 1 Child
- Self + 2 Child

What are the Plan/SI options available?

Health Shield 360 Base Plan

Cover Names	Plan			
	A	B	C	D
Sum Insured	5L, 10L,25L,50L	5L, 10L,25L,50L	5L, 10L,25L,50L	50L/ 100L
In-patient Hospitalisation	Yes	Yes	Yes	Yes
Day Care Treatment/Surgeries	Yes	Yes	Yes	Yes
Pre - Post Hospitalisation	Yes	Yes	Yes	Yes
In Patient AYUSH Hospitalisation	Yes	Yes	Yes	Yes
Unlimited Reset Benefit	Yes	Yes	Yes	Yes
Additional Sum Insured (Cumulative Bonus)	Yes	Yes	Yes	Yes
Donor Expenses	Yes	Yes	Yes	Yes
Domiciliary Hospitalization	Yes	Yes	Yes	Yes
Domestic Road Emergency Ambulance Cover	Yes	Yes	Yes	No
Air Ambulance (Domestic)	Yes	Yes	Yes	No
Home Healthcare	Yes	Yes	Yes	Yes
Convalescence Benefit	Yes	Yes	Yes	Yes
ASI Protector	Yes	Yes	Yes	Yes
Maternity Cover	Yes	Yes	Yes	Yes
New Born Baby Cover	Yes	Yes	Yes	Yes
OPD Cover	Yes	Yes	Yes	Yes
Dependent Accommodation	No	Yes	Yes	Yes
Nursing at Home	No	Yes	Yes	Yes
Claim Protector	No	Yes	Yes	Yes
Compassionate Visit	No	Yes	Yes	Yes
Sum Insured Protector	No	No	Yes	Yes
Super No Claim Bonus	No	No	Yes	Yes
Worldwide cover Including India (Hospitalisation)	No	No	No	Yes
Road Emergency Ambulance (worldwide including India)	No	No	No	Yes
Air Ambulance (worldwide including India)	No	No	No	Yes

Health Shield 360 Top Up Cover Combinations

Cover Names	Plan		
	A	B	C
Sum Insured Options	10L,25L,50L	10L,25L,50L	10L,25L,50L
Deductible options	3L, 5L,7L,10L	3L, 5L,7L,10L	3L, 5L,7L,10L
In-patient Hospitalisation	Yes	Yes	Yes
Day Care Treatment/Surgeries	Yes	Yes	Yes
Pre - Post Hospitalisation	Yes	Yes	Yes
In Patient AYUSH Hospitalisation	Yes	Yes	Yes
Unlimited Reset Benefit	Yes	Yes	Yes
Additional Sum Insured (Cumulative Bonus)	Yes	Yes	Yes
Donor Expenses	Yes	Yes	Yes
Domiciliary Hospitalization	Yes	Yes	Yes
Domestic Road Emergency Ambulance Cover	Yes	Yes	Yes
Air Ambulance (Domestic)	Yes	Yes	Yes
Home Healthcare	Yes	Yes	Yes
Convalescence Benefit	Yes	Yes	Yes
ASI Protector	Yes	Yes	Yes
Maternity Cover	Yes	Yes	Yes
New Born Baby Cover	Yes	Yes	Yes
OPD Cover	Yes	Yes	Yes
Dependent Accommodation	No	Yes	Yes
Nursing at Home	No	Yes	Yes
Claim Protector	No	Yes	Yes
Compassionate Visit	No	Yes	Yes
Sum Insured Protector	No	No	Yes
Super No Claim Bonus	No	No	Yes

What is the premium applicable?

1. Premium:

Premium would depend on Sum Insured opted under various sections and same needs to be derived basis the premium calculator.

Premium are exclusive of taxes*, as applicable and amended from time to time, which will be borne by you. Kindly collect a copy of the premium calculation for your records.

* Please note that basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable would apply on the fees and charges

What are the exclusions under this Policy ?

Code- Excl01: Pre-Existing Diseases a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of specified months of continuous coverage after the date of inception of the first policy with insurer. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage d) Coverage under the policy after the expiry of specified months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

Code- Excl02: Specified disease/procedure waiting period a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of specified months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) If any of the specified disease/procedure falls under the waiting period specified for preExisting diseases, then the longer of the two waiting periods shall apply. d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

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 billiary 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
- All types of internal congenital anomalies/ illness/defects such as but not limited to congenital heart disease like VSD, ASD, TOF,PDA, Cryptorchidism, Congenital hernia, Achalasia cardia, Spinal defects like spina bifida

a) Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting i. Hypertension ii. Diabetes iii. Cardiac Conditions b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Code- Excl03: 30-day waiting period

- a) 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.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Code- Excl04: Investigation & Evaluation

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

Code- Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - II. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

HJACode- Excl06: Obesity/ Weight Control

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
- 5) greater than or equal to 40 or
- 6) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - o Obesity-related cardiomyopathy
 - o Coronary heart disease
 - o Severe Sleep Apnea
 - o Uncontrolled Type2 Diabetes

<p>Code- Excl07: Change of Gender treatments Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>
<p>Code- Excl08: Cosmetic or plastic Surgery Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p>
<p>Code- Excl09: Hazardous or Adventure sports Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>
<p>Code- Excl10: Breach of law Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>
<p>Code- Excl11: Excluded Providers Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders/proposers are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>
<p>Code- Excl12: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p>
<p>Code- Excl13: Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p>
<p>Code- Excl14: Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure.</p>
<p>Code- Excl15: Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries</p>
<p>Code- Excl16: Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>
<p>Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness</p>
<p>Code- Excl17: Sterility and Infertility: Expenses related to, sterility and infertility. This includes:</p> <ul style="list-style-type: none"> a) Any type of contraception, sterilization b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF,

ZIFT, GIFT, ICSI c) Gestational Surrogacy d) Reversal of sterilization (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (iv) Reversal of sterilization
Code- Excl18: Maternity: Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
Any ailment / illness, injury, condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.
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 cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
Charges incurred at Hospital or Nursing Home primarily for diagnostic, 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 diseases, illness or injury whether or not requiring Hospitalisation/DomiciliaryHospitalisation.
Expenses incurred on all dental treatment unless necessitated due to an Accident
Personal comfort, cosmetics, convenience and hygiene related items and services
Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
Acupressure, acupuncture, magnetic and other therapies
Circumcision unless necessary for treatment of an illness or necessitated due to an Accident. Expenses for venereal disease or any sexually transmitted disease

Claim submission clause

Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

What are the terms of renewal under the Policy?

- a. The insurer offers life-long renewal unless the Insured / Insured Person or any one acting on behalf of an Insured / Insured Person has acted in an improper, dishonest or fraudulent manner or has made misrepresentation in relation to this Policy or the Policy poses a moral hazard.
- b. The premium for renewal will be applicable as per the premium chart based on age, sum insured and geography.
- c. Insurer will not load the premium for any adverse claims experience of particular Insured/ Insured Person at the time of renewal if there is no change in the coverage of continuing Policy.
- d. The Company may change the renewal premium and/or benefits payable subject to approval from regulator Insurance Regulatory And Development Authority Of India (IRDAI) and inform the same to the Insured at least 3 months prior to the effective date of revision and/ or modification or renewal
- e. In the likelihood of this Policy being withdrawn in future, the Company will inform the same to the Insured at least 3 months prior to expiry of the Policy. Insured will have the option to migrate to other plan under similar health insurance Policy at the time of renewal, provided the Policy is maintained without a break.

All applications for renewal of the Policy must be received by us before the expiry of current Policy. A **Grace Period of 30 days** for renewing the Policy is provided under this Policy.

However, there is no coverage for Injury sustained or Disease contacted during this grace period/ break period.

Important notice:

1. The purchase of this insurance policy is voluntary and is not linked to the availment of any other facility from The Hongkong and Shanghai Banking Corporation Limited, India, ("the Bank" or "HSBC") or its affiliates. ICICI Lombard General Insurance Company Limited is the name of the Insurance Company registered with IRDAI with Registration No. 115, having its registered office at ICICI Lombard General Insurance Company Ltd, ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025.
2. Offering Health Shield 360 policy. The coverage on the plan is effective subject to acceptance by ICICI Lombard General Insurance Company, who reserves the right to accept or reject any application without assigning any reason.
3. HSBC (IRDAI Regn.no. CA0016) is a corporate agent of ICICI Lombard General Insurance Company Limited having its India corporate office at 52/60, MG Road, Fort, Mumbai – 400 001. HSBC does not act as an insurer or underwrite the risks and does not accept any responsibility for any decision made by ICICI Lombard General Insurance Company. Settlement of claims is not the obligation of HSBC. The contract of insurance is between the Insurance Company and the insured and not between the Bank and the insured.
4. All claims would solely be settled by ICICI Lombard General Insurance Company Limited. If any claim or dispute is received by HSBC, it will forward the same to ICICI Lombard General Insurance Company Limited and would assist the policy holder/ claimant in trying towards earliest settlement of claim/ dispute by ICICI Lombard General Insurance Company Limited.

5. ICICI Lombard authorize HSBC to provide information concerning your HSBC bank account to ICICI Lombard General Insurance Company in connection with your application for insurance products of ICICI Lombard General Insurance Company. You acknowledge that HSBC remains entitled to assign any activities to third party agencies/service providers at its sole discretion. You further acknowledge the right of HSBC to provide details of your account and sharing or transfer of information, which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas, including but not limited for the purpose of availing of support services of any nature by HSBC, and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from you.
6. Please note that this document is for reference only and is not to be construed as a contract of insurance and/or professional advice. For more details on risk factors, terms and conditions please read sale brochure carefully before concluding a sale and to the policy document once the policy is issued.
7. HSBC will receive 30% (for new policies) and 15% (for renewal policies) of the premium paid as commission from ICICI Lombard General Insurance Company for this transaction.
8. IRDA regulations do not permit HSBC or its employees to pay commission, whether in part or whole, as an inducement to any person to take out or renew or continue an insurance policy of any kind. (Sec 41 of the Insurance Act, 1938 as amended from time to time).
9. Insurance is a subject matter of solicitation.
10. Tax benefits are as per the Income Tax Act, 1961 and are subject to amendments made therein from time to time and therefore there is no assurance that the given tax information will remain valid post any amendment. Before using the tax information, we suggest that professional advice may be sought from your independent tax consultant / chartered accountant. No obligation or liability of any nature whatsoever is assumed by the Bank or its affiliates by quoting information on taxation provided herein
11. This product is underwritten by: ICICI Lombard General Insurance Company Limited
12. All premiums are subject to applicable taxes and cesses, which are subject to change from time to time. Basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable, would apply on the fees and charges.

I/We have been briefed on the benefits, features, coverage, limitation, premium and terms and conditions of the insurance plan mentioned above. I/We understand this information and the risks associated with this plan.

I/We confirm my/our understanding of:

- Premium payment and discounts, if applicable
- Product features, coverage and exclusions under the policy
- Policy conditions and terms of cancellation of this policy

I/We also confirm that the Bank Relationship Manager has provided me with a copy of this Key Feature Document for my records and future reference. I confirm that towards this policy cover, the premium to be paid is INR _____,

INR _____ (in words)

I/ We are aware that role of HSBC is limited towards processing of the policy application and any dispute/claim / concerns arising out from issuance/ non-issuance of this policy would be taken up by me/us directly against ICICI Lombard General Insurance Company Limited

I hereby authorise HSBC to provide information concerning my HSBC bank account to ICICI Lombard General Insurance Company in connection with my application for insurance products of ICICI Lombard General Insurance Company. I also authorise HSBC to disclose information held (contained in the application or otherwise provided) to enable HSBC, its associated and group entities or independent third parties, within or outside the country, to provide information concerning products and services that HSBC believes may be of interest to me/us.

I further acknowledge that, subject to advance notice, HSBC India remains entitled to assign any activities to a third party agencies/service providers at its sole discretion. I/We further acknowledge the right of HSBC India to provide details of my/our account and sharing or transfer of information which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas for the purpose of availing of support services of any nature by HSBC India and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from me/us.

Signature:

Customer's Name:

Customer ID:

Date:

I have briefed the customer/s on the benefits, features coverage, premium and terms and conditions of this insurance plan.

Signature of staff:

Staff Name:

Designation:

Date:

HS360_KFD_Aug'23