

## Key Information Sheet

S.No	Title	Description	Refer To Policy	
1.	Product Name	Health Shield 360 (UIN : ICIHLGP22083V022122)		
2.	What am I covered for	<b>Sum Insured</b>	15 Lakhs/ 25 Lakhs/ 50 Lakhs	Clause d. (A)
		<b>Voluntary Deductible</b>	5 Lakhs/ 10 Lakhs	Clause d. (C). 23
			The Deductible will be applicable on aggregate basis for all Hospitalization expenses during	
		<b>Hospitalization Expenses</b>	Covers Hospital expenses for admission longer than 24 hours. Room Rent is restricted to 2% of SI for normal and 4% of SI for ICU. If insured is admitted in a higher category, then insured will bear difference of all medical expenses as in final hospital bill in same proportion.	Clause d. (A)
		<b>Day Care Procedure</b>	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	
		<b>Pre &amp; Post Hospitalisation</b>	Medical Expenses incurred due to illness up to 60 days period immediately before and 90 days immediately after an Insured Person's Hospitalisation	
		<b>In Patient AYUSH Hospitalisation</b>	Medical expenses for AYUSH treatment when the treatment has been undergone in an AYUSH Hospital or AYUSH day care centre.	
		<b>Unlimited Reset Benefit</b>	The Sum Insured will be reset up to 100% unlimited times in a year in case the balance 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	
		<b>Additional Sum Insured (Cumulative Bonus)</b>	A Cumulative Bonus of 10% of the Sum Insured will be provided at the end of each claim free Policy Year if the Policy is continuously renewed with Us. The Cumulative Bonus will not be accumulated for more than 100% of the Sum Insured	
		<b>Donor expense</b>	Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Insured persons	
		<b>Domiciliary Hospitalization</b>	Medical expenses for treatment taken when confined within one's home for a minimum of 3 consecutive days	
<b>Domestic Road Emergency Ambulance</b>	Expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital	Clause d. (C). 6		

		<b>Cover</b>	through domestic road ambulance services. Maximum amount payable is	
			Basic Sum Insured (INR)	Road Ambulance cover per event (INR)
			15 Lakhs	₹3,000
			25 Lakhs/ 50 Lakhs	₹5,000
3.	What are the major Exclusions in the Policy	<p><b>Note: Following is an indicative list of the policy exclusions. Please refer to the policy clause for the complete list.</b></p> <ul style="list-style-type: none"> <li>* Unproven Treatments</li> <li>* Obesity/ Weight Control</li> <li>* Change of Gender treatments</li> <li>* Cosmetic or plastic Surgery</li> <li>* Hazardous or Adventure sports, Breach of law</li> <li>* Expenses related to, sterility and infertility</li> <li>* Treatment for, Alcoholism, drug or substance abuse</li> <li>* Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind</li> </ul>		Clause e. Permanent Exclusions
4.	Waiting Period	<b>Pre-existing diseases:</b> Declared and accepted PED will be covered with NIL waiting period		Clause e. 3.1
		<b>Specific waiting period:</b> First 24 months, for specific illness and treatment. (Please refer to the policy clauses for the full listing)		Clause e. 3.2
		Expense related to hypertension, diabetes and cardiac conditions within 90 days from the policy commencement date unless they are PED		Clause e. 3.3
		<b>Initial waiting period:</b> 30 days for all illnesses (except Hospitalisation due to injury).		Clause e. 3.4
5.	Payout Basis	<ul style="list-style-type: none"> <li>* Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover</li> <li>* Cashless Facility available at over 6500+ health network providers.</li> </ul>		Clause g. 4.1
6	Renewal	<ul style="list-style-type: none"> <li>a) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health Insurance product or its nearest substitute (in case the product ICICI Lombard Health Shield 360 is withdrawn by the Company) approved by IRDA.</li> <li>b) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.</li> <li>c) The policy could be subject to certain changes in terms and conditions including change in premium rate.</li> <li>d) Premium rates may change at the time of renewal subject to change in plan &amp;/or age band of senior most insured</li> </ul>		Clause f. 10
7	Cancellation	<ul style="list-style-type: none"> <li>a) The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</li> <li>b) 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.</li> </ul>		Clause f. 7