

Statutory Warning: Prohibition of Rebates (Under Section 41 of 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

Note: Acceptance of your proposal would be subject to receipt of complete medical reports (wherever applicable), medical underwriting and realisation of first premium amount by the company.



1800-2-666

One number for all your
insurance needs

www.icicilombard.com
E-mail us at
customersupport@icicilombard.com

ICICI Lombard
Health Insurance

Poorey Parivaar ki Poori Suraksha

Mailing Address: ICICI Lombard General Insurance Company Limited, Zenith House, Keshavarao Khadye Marg, Opp. Race Course, Mahalaxmi, Mumbai-400 034.

ICICI Lombard General Insurance Co. Ltd. Insurance is the subject matter of the solicitation. IRDA Reg. No.115. This brochure contains only an indication of the cover offered. For complete details on policy coverage, terms, conditions, and exclusions, please read the policy document carefully before concluding a sale. Tax Benefit under 80D is applicable only in case of premium paid for self/spouse/father/mother & dependent children. Misc 34E.

Job code: 09023080

Family Protect Premier
Complete care for your family. Peace of mind for you.



ICICI Lombard
Health Insurance

Poorey Parivaar ki Poori Suraksha

At ICICI Lombard,
we understand that few things compare to the
peace of mind that comes with knowing you can offer your family
the best possible care if a medical emergency arises.

**Which is why, we've ensured our products are comprehensive
in the cover they offer. Our documentation is simple and
uncomplicated. And your interaction with us is always an
enjoyable experience.**

This brochure will help you discover the many benefits of opting for
Family Protect Premier with ICICI Lombard. And in doing so, put your
mind at ease over the health expenses and
security of your family.



A single policy that provides comprehensive cover for the entire family*.

The **Family Protect Premier** offers complete cover for you, your spouse and your children or parents. Here's how it works: Let's assume Mr. Kumar, his wife Anu and their son Kunal are covered for ₹ 2 lakhs each, under a regular health policy. This means, they are paying premiums of ₹ 2 lakhs for three separate policies, adding up to ₹ 6 lakhs every year. If Kunal requires a surgery and along with post-hospitalisation, the expenses amount to ₹ 2.4 lakhs, his regular health policy would cover him up to ₹ 2 lakhs and Mr. Kumar would have to pay the remaining ₹ 40,000. With the **Family Protect Premier** from ICICI Lombard Health Insurance, a combined cover of ₹ 3 lakhs can be shared among the entire Kumar family. As a result, Mr Kumar, Anu and Kunal are covered for ₹ 3 lakhs.

*Maximum of two adults and two children

Comprehensive coverage that includes a whole range of expenses.

The **Family Protect Premier** covers medical expenses incurred during hospitalisation for more than 24 consecutive hours.

Plus expenses incurred during the following...

- 30 days pre-hospitalisation
- 60 days post-hospitalisation
- Named advanced technological surgeries & procedures that require less than 24 hours of hospitalisation
- Pre-existing diseases after 4 continuous years of coverage with the company

Eligibility

- Enrolment age for the eldest member proposed for insurance is from 5 years to 60 years.
- The proposer needs to be aged 18 years or above
- Children between the ages of 3 months and 5 years will be covered under a Floater Plan only
- Individual(s) proposed for insurance whose age is 46 years & above have to undergo medical tests at ICICI Lombard GIC Ltd. designated diagnostic centres

Benefits while the patient recuperates

Called a **Convalescence Benefit**, the insured, once during the policy period, is eligible for a benefit amount of ₹10,000 if hospitalised for any bodily injury or illness as covered under the policy, for a period of 10 consecutive days, or more.

Hospital Daily Allowance

The insured will be eligible for a daily cash of ₹ 1000 per day for a max. of 7 days, in case the insured is hospitalized for any injury or illness as covered under the policy, for a minimum of 5 consecutive days.

Cashless facility and how it helps

This Plan comes with a **cashless facility**. This provides you with access to a network of over 4000 hospitals without having to worry about paying cash especially in an emergency.

Tax benefits

You can avail of tax benefits on the premium you pay as per provisions of Section - 80D* of the Income Tax (Amendment) Act, 1961.

*Tax Benefit are subject to changes in tax laws

No sublimits*

Treatment amount covered without any specific sublimits on room rent, doctors fees, investigations and medicines.

*For cataract a sublimit of Rs. 20000 per eye is applicable after 2 years of continuous coverage with the company

Claiming insurance

The claims for Family Protect Premier are serviced by ICICI Lombard Health Care, an in-house health claim processing and wellness management centre of ICICI Lombard GIC Ltd.

In case of emergency or planned hospitalisation, all you have to do is use your Health ID card at ICICI Lombard Health Care network hospitals and avail cashless service. Call the 24-hour-toll-free number 1800-209-8888 for any assistance you may require. For treatment in non-cashless hospitals, the claim form should be filled fully after discharge from the hospital and sent to an ICICI Lombard Health Care office along with following documents in original.

Standard list of documents required:

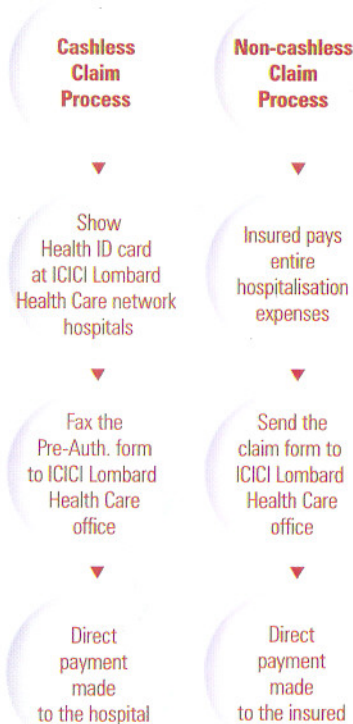
- Claim form duly filled & signed by the insured & doctor
- Original discharge card/summary and final bill
- All investigation reports in originals
- All medicines /lab/ hospital bill in original
- All payment receipts in original and should be stamped
- Any other required documents depending upon the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

Please Note: 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.

Policy renewal

- **Renewal Criteria** - The policy can be renewed under the then prevailing Family Protect Premier Plan or its nearest substitute approved by IRDA in the event that the Plan has been discontinued
- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA



- **Maximum Entry Age** – The maximum entry age under this policy is 60 years
- **Maximum Renewal Age** – This policy can be renewed up to a maximum age of 70 years
- **Floater Benefit** – The Floater Benefit under this policy is available up to the age of 60 years. All the insured above the age of 60 years will be covered under an individual Plan
- **Grace Period** - The policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the company on or before the date of expiry of the policy and in no case later than 15 days (Grace Period) from the expiry of the policy. However, the company shall not be liable for any claim for the period for which premium is not received by the company
- **Cumulative Bonus** - An Additional Sum Insured of 5% would be provided on cumulative basis on each renewal up to a maximum of 50% in case there is no claim under the policy. However, 10% of the Sum Insured will be reduced from the accumulated Additional Sum Insured, in case if there is a claim under the policy
- **Sum Insured Enhancement** – Sum Insured can be enhanced only upon renewal, subject to underwriters' approval
- **Inclusion / Exclusion of Insured** – This policy allows including or excluding a member in the Plan only at the time of renewal
- **Loading in case of Claims** – The renewal premium shall be calculated as per the age of the senior most insured member as covered under the policy. A loading may be charged on the premium in case if there is a claim in the expiring policy. The loading of premium is calculated as per the following scale :

1) In case of claim not pertaining to chronic illness –

Claim Amount (Rs.)	0-25,000	25,001 - 50,000	50,001 - 100,000	100,001 - 200,000	>200,000
Loading	Nil	10%	20%	50%	75%

For subsequent renewals, no loading would be applicable unless if there is a claim in the renewal policy.

2) In case of claim pertaining to chronic illness like heart diseases, cancer, brain diseases, organ failure and cirrhosis of the liver, loading of 75% on the base premium will be applicable. If there are claims in the subsequent renewals, further loading of 75% would be applicable, subject to a maximum of 200% on the base premium. The extent of loading thus derived would be applicable for all subsequent renewals.

Premium Table for One Year Plans

Plans	A			B		C	
	Individual			2 Adults		2 Adults + 1 Kid	
	2L	3L	4L	3L	4L	3L	4L
Age of Senior Most Member/Sum Insured							
5 years - 18 years	2,426	2,726	4,116	-	-	-	-
19 years - 35 years	3,208	3,619	5,429	5,684	8,526	7,492	11,238
36 years - 45 years	4,074	4,449	6,229	7,022	9,831	8,830	12,362
46 years - 55 years	6,896	7,564	10,590	12,456	17,438	14,264	19,970
56 years - 60 years	8,623	9,442	13,219	15,609	21,853	17,418	24,385

Plans	D		E		F	
	2 Adults + 2 Kids		1 Adult + 1 Kid		1 Adult + 2 Kids	
	3L	4L	3L	4L	3L	4L
Age of Senior Most Member/Sum Insured						
5 years - 18 years	-	-	-	-	-	-
19 years - 35 years	9,301	13,952	5,021	7,532	6,459	9,689
36 years - 45 years	10,638	14,893	5,738	8,033	7,128	9,979
46 years - 55 years	16,072	22,501	8,708	12,191	9,844	13,782
56 years - 60 years	19,226	26,917	10,405	14,567	11,421	15,989

Note: Premium figures in Rupees inclusive of Service Tax & Education Cess.

Premium table for Two Year Plans (auto-renewal basis)

Plans	A			B		C	
	Individual			2 Adults		2 Adults + 1 Kid	
	2L	3L	4L	3L	4L	3L	4L
Age of Senior Most Member/Sum Insured							
5 years - 18 years	4,452	4,993	7,409	-	-	-	-
19 years - 35 years	5,877	6,616	9,771	10,436	15,347	13,777	20,709
36 years - 45 years	7,473	8,148	11,211	12,919	17,695	16,259	23,068
46 years - 55 years	13,190	14,460	20,120	23,842	33,133	27,320	38,600
56 years - 60 years	17,246	18,883	26,438	31,218	43,705	34,835	49,144

Plans	D		E		F	
	2 Adults + 2 Kids		1 Adult + 1 Kid		1 Adult + 2 Kids	
	3L	4L	3L	4L	3L	4L
Age of Senior Most Member/Sum Insured						
5 years - 18 years	-	-	-	-	-	-
19 years - 35 years	17,118	25,113	9,226	13,557	11,900	17,440
36 years - 45 years	19,600	26,808	10,555	14,460	13,141	17,963
46 years - 55 years	30,799	42,752	16,677	23,163	18,878	26,185
56 years - 60 years	38,451	53,833	20,810	29,134	22,842	31,979

Note: Premium figures in Rupees inclusive of Service Tax & Education Cess.

What doesn't this policy cover

- Any illness/ disease/ injury pre-existing before the inception of the policy for the first 4 years
- Non-allopathic treatment, Pregnancy & Childbirth-related diseases, cosmetic aesthetic and obesity-related treatment
- Expenses arising from HIV or AIDS and related diseases, use or misuse of liquor, intoxicating substances or drugs as well as intentional self injury
- 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
- Congenital disease
- War, riot, strike, nuclear weapons induced hospitalisation

Certain ailments are not covered in the first two years, but covered subsequently. They include:

- Cataract*
- Benign Prostatic Hypertrophy
- Myomectomy, hysterectomy unless because of malignancy
- Joint replacements unless due to accident
- Stones in the urinary and biliary systems
- Skin and all internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant/ adenoids and haemorrhoids
- Surgery on tonsils and sinuses
- Arthritis, gout, rheumatism
- Hernia, hydrocele
- Dilatation and curettage
- Fistula in anus, piles
- Sinusitis and related disorders
- Gastric and duodenal ulcers
- Dialysis required for chronic renal failure

*After 2 years of continuous coverage with the company a sub-limit of ₹20,000 per eye is applicable

Free Health Check

A free health check* for one insured person covering tests like fasting blood sugar, ECG, routine urine analysis, ESR, blood count. A free health checkup coupon is provided on each renewal.

Note: Acceptance of your proposal would be subject to receipt of complete medical reports (wherever applicable), medical underwriting and realization of full premium amount by the company.

*Valid for the policy period, for any one insured member in the family.

